Nursing Leadership Workforce Compendium

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The AONL Nursing Leadership Workforce Compendium

Robyn Begley

Erik Martin

Dear Colleague:

The American Organization for Nursing Leadership (AONL) is leading a national effort to develop a compendium of workforce best practices and innovations to aid and support nurse leaders. The AONL Workforce Committee sent out a nationwide call for exemplars from nurse leaders in all health care settings to share their best practices and local scenarios with particular attention to scenarios including diversity, equity, inclusion, and belonging.

Seven subcommittees were formed for the following key topic areas:

- Talent acquisition and attraction
- Recruitment and retention
- Leadership
- Academic-clinical partnerships
- Positive practice environment
- Culture of inquiry
- Compensation and benefits

Before the COVID-19 pandemic, nurse leaders were challenged to staff appropriately, and experienced scope expansion within a dynamic work environment. The workforce committee and subcommittees evaluated best practices and innovations, structured recommendations, and set forth leadership opportunities and resources for each of the seven topic areas. Additionally, we leveraged the gathered information to define areas for future evaluation and research. The Workforce Compendium will go beyond published literature and focus on successful strategies used to effectively improve the work setting and support nurse leaders. The compendium will be released in three sections. This is the first section of the compendium.

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Task Force Charge and Framework

Nursing workforce issues are at a historical inflection point. Pre-pandemic, the workforce began to shift based on the retirement of Baby Boomer nurses, comprising approximately one-third (1.2 million) of the total nursing workforce (Buerhaus, 2021). With nursing retirements, resulting in the clinical and experiential knowledge, leadership, preceptor and mentor drain, organizations were challenged to consistently guide a newer, younger professional workforce (Buerhaus, 2021). While the U.S. Bureau of Labor Statistics (2022) projected the workforce would grow by approximately one million nurses between 2020 to 2030, replacing those with decades of experience in specialty areas proves challenging. The supply and demand rapidly shifted during the pandemic, and the need for the existing quantity of nurses to care for COVID-19 high acuity patients overwhelmed the health care system (Buerhaus, 2021). Nurses left the health care environment for multifactorial reasons with some of the key ones being: they became sick with COVID-19 and opted not to return, treatment or vaccine concerns, self-preservation or protection of their loved ones, curtailing hours due to school-age children at home or caring for parents, and early or on-time retirements. Even as the pandemic began to abate, the delta between nurses returning to the bedside versus remaining home or opting to work in an alternate profession reduced the number of nurses available to work in health care.

The American Organization for Nursing Leadership (AONL) recognizes the cascading implications of the contraction in the availability of nurses. The latest findings from the 2022 AONL Longitudinal Nursing Leadership Insight Study identified staffing as the top challenge for nurse leaders at all levels – chief nursing officers, directors and managers. The stress and pressure of front-line nurse leaders to fill vacant positions with qualified nurses have significant implications on their well-being. In the same study, we found that:

- 67% of nurse leaders identified emotional health as a major challenge.
- One in four nurse managers indicated they are not at all or not emotionally healthy.

Hence, the AONL Workforce Committee was convened, along with seven subcommittees, to identify approaches and interventions that address nurse leaders' workforce challenges. Each subcommittee undertook a collaborative learning exercise and examined specific topics, convened focus groups, requesting national exemplars and best practices from every health care setting. They also broadly surveyed nurse leaders with questions developed by each group to guide their work. The Workforce Compendium is a work product offering recommendations to nurse leaders that can be readily applied within the health care environment and concentrates on the engagement, retention and re-imagination of nurse leaders' work to support their roles. Ultimately the goal is to improve nurse attraction, retention and re-engagement. AONL recognizes that influential and satisfied nurse leaders who create a positive work environment and develop staff to their highest potential will yield high-quality, safe patient care and a superior patient experience.

The Opportunity

Learning from others, working collaboratively and evaluating change are necessities for the nursing leadership workforce. Throughout health care, we need to identify and implement timely, sustainable solutions that work in the real world. Practice-based exemplars, best practices and innovations offer an underutilized way forward. They provide an opportunity to work together to use innovations and strategies not commonly found

in the peer-reviewed literature, to understand better and address our most significant challenges. Done well, implementation of practice-based evidence involves some adjustments to align with organizational culture and priorities, teamwork with particular emphasis on ongoing data assessment and evaluation of impact. In this compendium, nursing leaders and academics evaluated and summarized practice-based evidence, tools and strategies that have worked in the workplace. Nurse leaders can use them to effect change and meet current and future goals. These practices should also generate more practice-based evidence and serve as a starting point to translate practice-based evidence into the workplace, transforming the nursing leadership workforce and preparing it for future opportunities.

Compendium Objectives

- Identify workforce solutions that support and enhance nurse leader practice.
- Identify tactics health care organizations can deploy to promote diversity, equity, inclusion, and belonging for direct-care nurses and leaders.
- Reimagine the front-line leader role and support structures to boost the recruitment of diverse and talented direct-care nurses into nursing leadership positions.
- Create a compendium of resources, including innovations, centered on well-being, care models, workplace environments, leadership development, and staffing.
- Amplify best practices demonstrating nursing leadership's impact on improving workforce outcomes.
- Collaborate on creating, implementing and evaluating innovative structures including models of care, leadership responsibility and education (e.g., leadership competencies, resiliency, and optimizing practice).

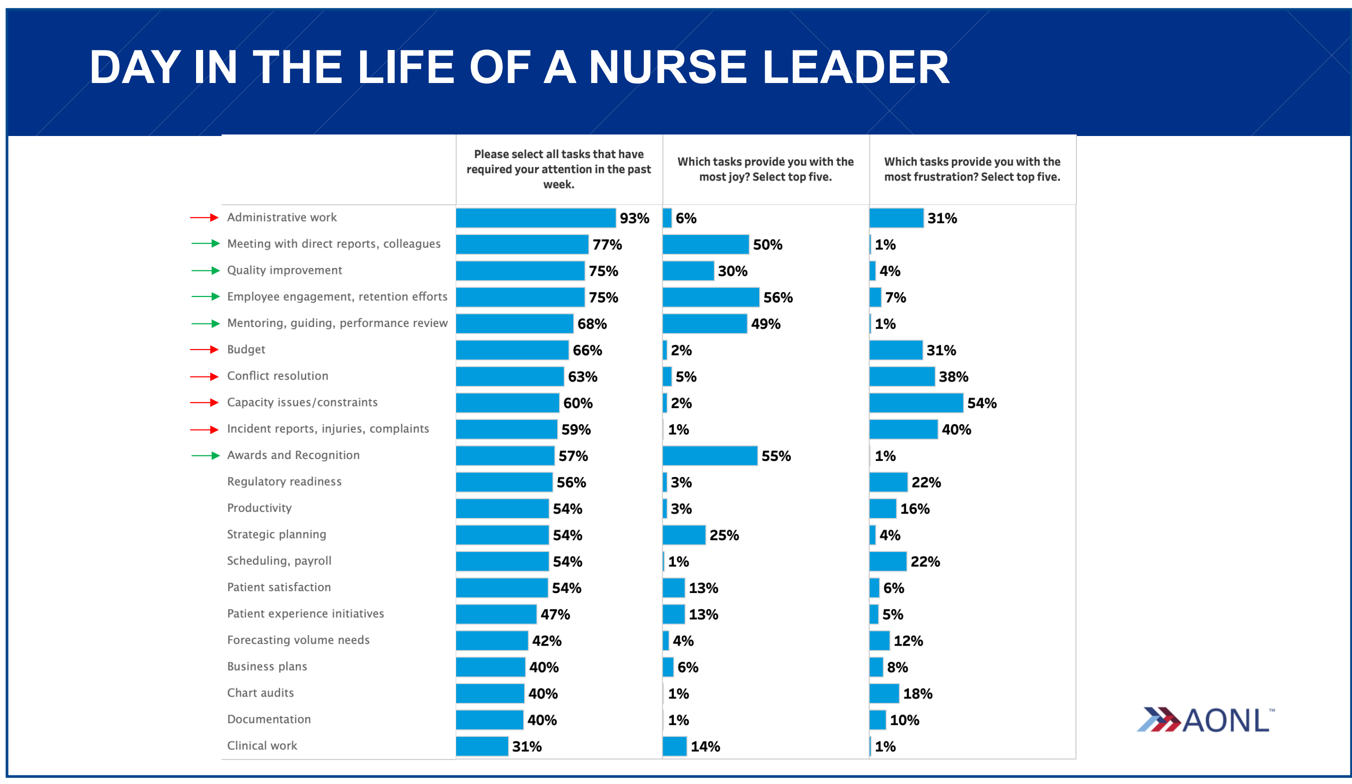
AONL Workforce Committee Scope

- Retention and recruitment of nurse leaders as the primary focus.
- Create an exclusive AONL resource for innovation and best practices as emerging research and studies become available.
- Develop multiple and consistent streams of communication modalities to disseminate workforce development and planning practices highlighting authentic scenarios.
- Articulate the span of control for front-line nurse leaders related to organizational support, workload, decision-making authority, and flexibility.
- Collaborate with relevant organizations to reiterate and strengthen messages on the importance of nursing leaders.
- Leverage technology and offer the utility of workforce analysis and planning recommendations to nursing leaders.
- Highlight individual workforce stories from direct-care nurses and front-line leaders to help educate and inform current and future nurses.

Key Results from Nationwide Surveys in 2022

AONL Foundation Nursing Leadership Insight Study

The AONL Foundation and Joslin Insight conducted a four-part longitudinal pulse check study over two years to identify the greatest challenges facing nurse leaders throughout and after the COVID-10 pandemic. After interviewing nearly a dozen nurse leaders in various positions, Joslin Insight launched an online non-incentivized survey to nurse leaders. Fielded in early August 2022, the latest study contains insight from more than 2,300 respondents at all levels of nursing leadership and across the continuum. More than 20% of the group identified as nurse managers. The data below provides insights on their top challenges, solutions and intent to leave their positions.



Remesh Study

Working with Deloitte Consulting, LLC, a facilitated virtual online session and an on-demand "flex" session were conducted in September 2022 with AONL members. The purpose of this study was to better understand nurse leader perspectives about the environment, teaming, leadership, culture, development, job design, work intensity and work-life sustainability. Questions were derived by members of the AONL Workforce Subcommittees. All nurse leaders (emerging leaders to executives) were asked to participate. Findings from the Remesh study are interwoven by topic into this compendium.

AONL American Organization for Nursing Leadership™

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CHAPTER 1

Talent Attraction and Acquisition

Talent attraction and acquisition is the process of enticing the most desirable candidates to your organization and compelling them to apply for a position within the organization. This process requires strong collaboration between a nurse leader, especially the nurse manager, and a talent acquisition professional, responsible for sourcing, attracting, and interviewing prospective employees to find the right match for a company's long-term goals. From ensuring the proper skill set and education are identified, helping write the job description and answering unit specific questions, the nurse manager has the knowledge to assess and communicate the organization's and unit's culture to attract the nurses and other team members to the right position. Additionally, a nurse leader can work with the talent acquisition professional to revamp and market job postings to include what nurses want to know about the role and unit or department rather than simply a list of job responsibilities with generic department descriptions.

Labor economics and the pandemic transformed the way organizations attract and acquire talent. To understand the emerging best practices, AONL created a workgroup comprised of nurse leaders, talent acquisition professionals and nurse leaders in talent acquisition rols.

Takeaways

1. **Apply for a position at your own organization** to evaluate processes, barriers and opportunities.
2. **Offer a job within 24-48 hours** or less and escalate all declinations to Talent Acquisition to evaluate and track rationale.
3. **Create a relationship between the applicant and the nurse manager prior to onboarding,** facilitated by the talent acquisition professional.

The group identified three phases to the talent attraction and acquisition process:

1. Attracting and identifying candidates,
2. Submitting an application, conducting an interview, offering the position, accepting the offer, and
3. Preboarding and onboarding.

The workgroup shared best practices from their organizations and interviewed experts from industry, large academic medical centers to smaller organizations throughout the country.

Recognizing the competition health organizations face to recruit in this tight labor market and sensitivity around compensation, AONL will not attribute any of the best practices identified in the chapter to a specific organization.

The subcommittee selected best practices that were: 1) practice-based evidence implemented to address real-life opportunities/challenges, and 2) described context, process, and outcomes of the practice-based evidence related to the overview/key definitions for this section.

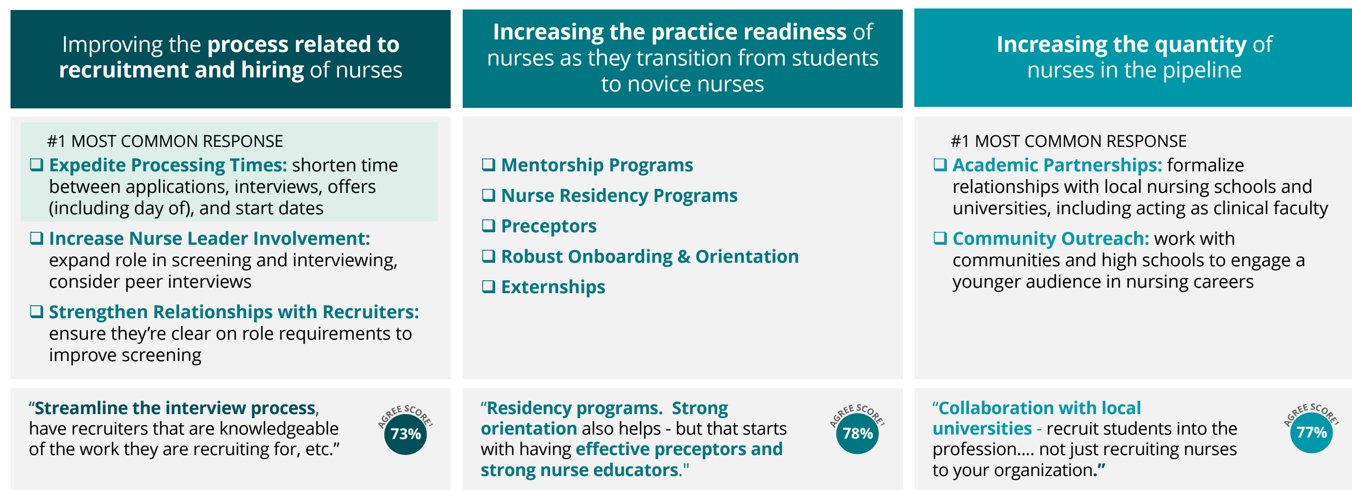
Key Findings From AONL Research

Respondents to the AONL Remesh study (2022) agreed that there is a significant need to assess and redesign the recruiting, hiring, and onboarding processes to focus on efficiency and meaningful interactions. Over 73% of respondents agreed that the interview process needed to be streamlined and that recruiters needed to be knowledgeable about the work they are recruiting for. Participants also recommended the following to improve the acquisition and attraction of nurses to nurse manager roles:

- **Expedite Processing Times**: shorten time between applications, interviews, offers (including day of), and start dates.
- **Increase Nurse Leader Involvement:** expand role to screen and interview applicants.
- **Strengthen Relationships with Recruiters:** ensure they are clear on role requirements to improve the screening process.

Nurse Leaders often agreed on a short list of common **recommendations for process improvements related to recruitment, hiring, and onboarding**

What best practices or innovations do you think are successful for…



"**Streamline the interview process**, have recruiters that are knowledgeable of the work they are recruiting for, etc." AGREE SCORE[1] 73%

"**Residency programs. Strong orientation** also helps - but that starts with having **effective preceptors and strong nurse educators**." AGREE SCORE[1] 78%

"**Collaboration with local universities** - recruit students into the profession…. not just recruiting nurses to your organization." AGREE SCORE[1] 77%

Taking Action: Assess and redesign recruiting, hiring, and onboarding processes to focus on efficiency and meaningful interactions

What best practices or innovations do you think are successful for increasing the quantity of nurses in the pipeline?
What best practices or innovations do you think are successful for increasing the practice readiness of nurses as they transition from students to novice nurses?
What best practices or recommendations do you have for improving the processes related to recruitment and hiring of nurses?
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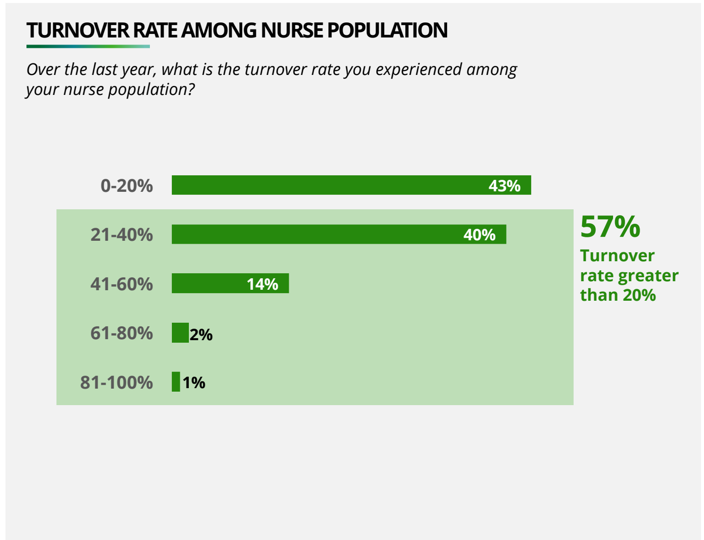
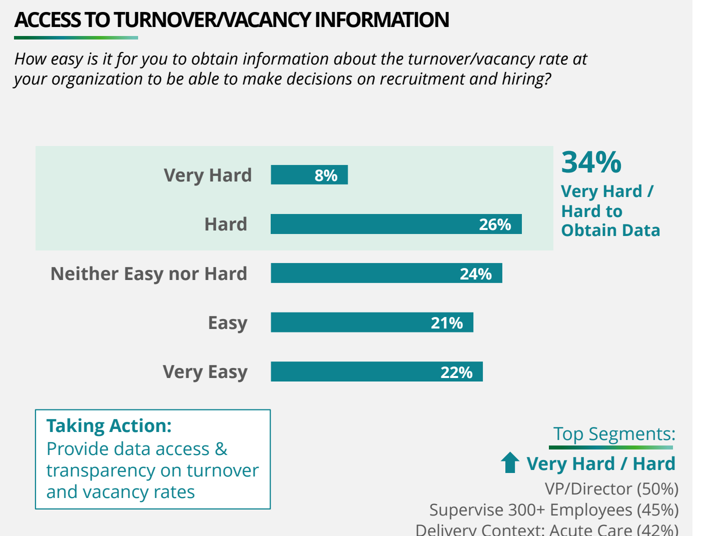
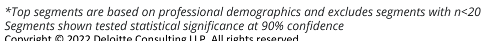
[1] Agree score is a modeled estimate of the share of participants that would agree with a particular response. These are calculated using collaborative filtering from participant voting after submitting their own response. Each % agree score is representative of sample in one of the two sessions conducted and is used for inferential / comparative purposes.

While over half of Nurse Leaders reported a **turnover rate above 20%, many find it difficult to obtain turnover/vacancy information** to help inform staffing decisions






Top segments are based on professional demographics and excludes segments with n<20
Segments shown tested statistical significance at 90% confidence
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Candidates

To attract the best talent, organizations need to stand out. According to Glassdoor's 2019 Mission and Culture Survey, over 77% of adults across four countries (the United States, UK, France, and Germany) would consider a company's culture before applying for a job, and 79% would consider a company's mission and purpose before applying. Furthermore, over half of the 5,000 respondents said that company culture is more important than salary for job satisfaction. Including Diversity, Equity, Inclusivity and Belonging (DEIB) principles in marketing strategy, graphics and testimonials are critical. Testimonials, especially from a peer, are one of the best ways to recruit top talent. That is why some organizations create employee-referral bonus program.

Another opportunity to market your organization is through students during their clinical rotations. Organizations can track the clinical rotations in each unit and share best practices in relationship-building with nurse managers throughout the organization. It is important to make nursing students feel welcome and wanted, ensuring they have an optimal clinical experience. Clinical student rotations are a great opportunity for nurse managers to partner with staff as they engage students to begin attracting talent.

It is also important for organizations to evaluate their marketing strategy to ensure at least 12-18 touchpoints with a potential applicant as recommended by Symphony Talent in their 2020 Recruitment Marketing Benchmarks report. This includes referrals, websites, college career fairs, social media and career websites.

To assess an applicant's qualifications, evaluate the necessary job skills and competencies to ensure the posted positions list the appropriate requirements. Also consider what job responsibilities require the knowledge and skill of a Registered Nurse versus a Licensed Practical Nurse, Medical Assistant or Certified Nursing Assistant.

Application to Offer

In a highly competitive job market, it is critical to streamline the application process. How long does it take and how complicated is it to apply for a position at your organization? To understand this, look at the application process from the applicant's point of view and apply for an open position from your organization's website. This helps nurse leaders to identify and remove any bottlenecks or unnecessary steps. It is also helpful to establish a metric to reduce turn-around-time per candidate match to the job profile. Additionally, ensuring someone responds to all inquiries within 24 hours helps the applicant feel valued.

Once an organization receives an application that meets the position criteria, the talent acquisition professional schedules the interview with the candidate and the hiring manager. Gone are the days when the hiring manager decides who to interview. This process eliminates wait time for leaders to review resumes and "agree" to interview candidates, and unnecessary emails to select an interview time. Once the interview for a position is complete, the talent acquisition professional interviews the non-selected candidates for possible fit and placement in another unit or department within the organization without requiring a candidate to submit an additional application. This process recognizes that a candidate that is not a fit for one job may be a better fit for another. Many in the industry have adopted a "No Nurse Left Behind" position. Every suitable candidate gets interviewed for possible placement within the organization. Nurse applicants are viewed as valuable resources.

Once an organization is ready to make an offer, it is vital to include all compensation elements, benefits, and growth opportunities in the offer letter. Job seekers often receive offers from multiple organizations, so it is important to make your organization's offer stand out and take away most of the offer comparison work from the candidate. Clearly articulate "what is in it" for the applicant. Since the offer of a job as a nurse may be the first professional role for a new graduate nurse, they may need additional support evaluating benefits as they consider the offer.

Preboarding vs. Onboarding

While streamlining the application and hiring processes, it is crucial to accelerate specific steps before the applicant accepts the position. An organization can verify the applicant's license and certifications prior to making the offer; however, it is illegal to conduct background checks without the candidate's consent. Organizations should evaluate and narrow their drug-screening panel and consider point of care drug screening to reduce the turnaround time. If the services are not available locally, working with external laboratory partners to ensure a quick turnaround is essential.

Once a pending start date has been established, continuous connections or touchpoints are essential for new candidates to feel welcome and begin to create a sense of belonging. For example, encourage the nurse manager to reach out with a congratulatory email or invite the nurse to a social event with soon-to-be coworkers on the unit. It is important to make the nurse feel valued and a member of the new team. Additionally, clearly communicate to the new employee what their first day will entail, location and directions to the site. Best practice organizations remove roadblocks for an efficient new-hire start by ensuring employees are entered into the data base of the organization to log into computer-based training and orientation modules and equipment. Assuring access to parking on the first day is also a sign of welcoming the new employee.

Lessons Learned

1. Apply for a position within your organization to evaluate processes, barriers and opportunities.
2. Develop metrics for stages in the talent attraction and acquisition process to hold all within the system accountable for efficient practices.
3. Evaluate and be able to articulate "what is in it for me?" to attract candidates and prompt them to apply. Include clear communication of all compensation, benefits and professional development opportunities. Consider sharing the dollar amount of the total compensation rather than just the salary.
4. Any applicant who meets the criteria gets an interview; eliminate wait time for nurse leaders to review resumes and "agree" to interview candidates. NO NURSE LEFT BEHIND!
5. Offer a job within 24-48 hours or less and escalate all declinations to Talent Acquisition to evaluate and track rationale.
6. Create a relationship between the applicant and the nurse manager before onboarding, facilitated by the talent acquisition professional. Examples include timely communication, providing helpful resources and ensuring access to computer systems and equipment are in place prior to hiring.

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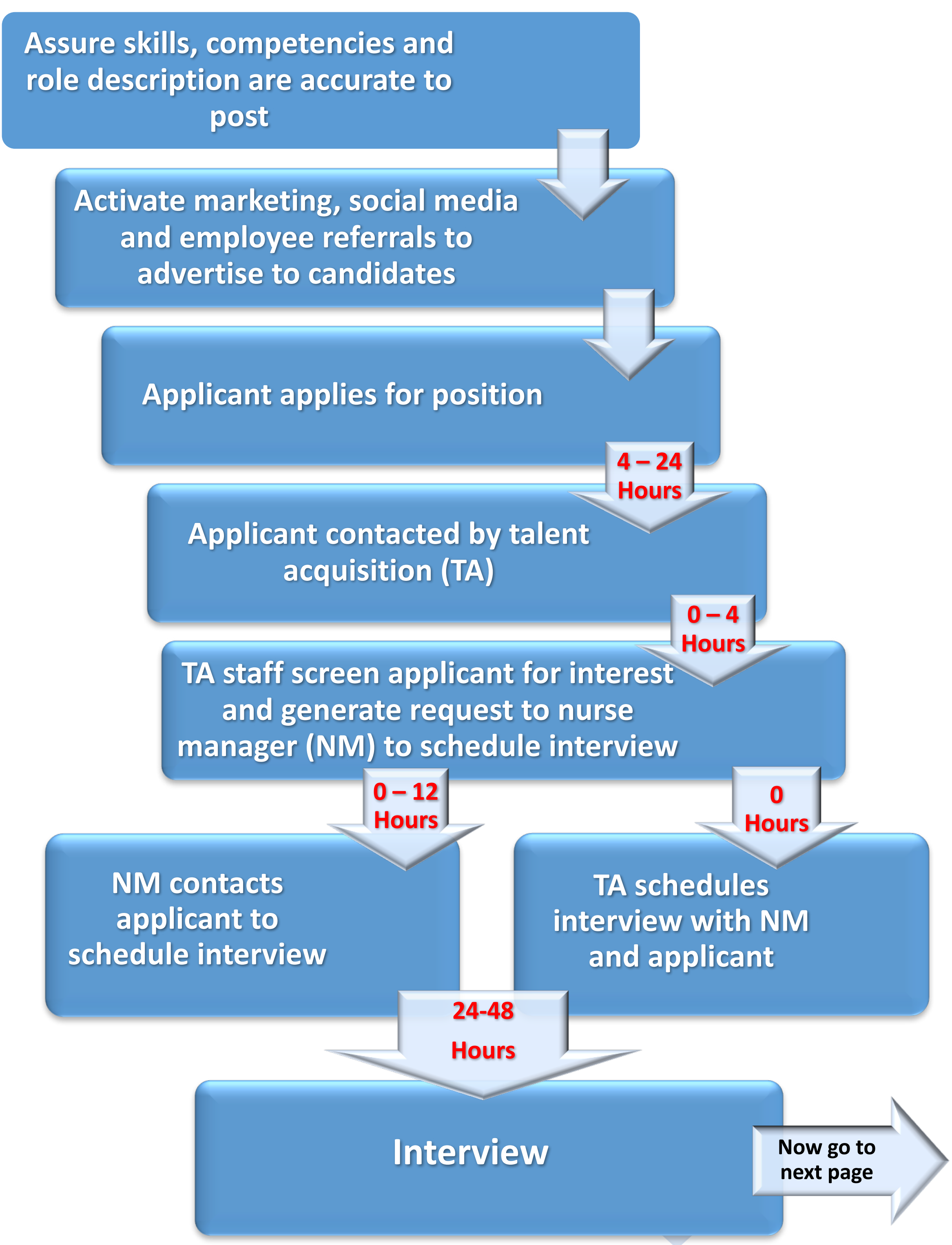
Process Map



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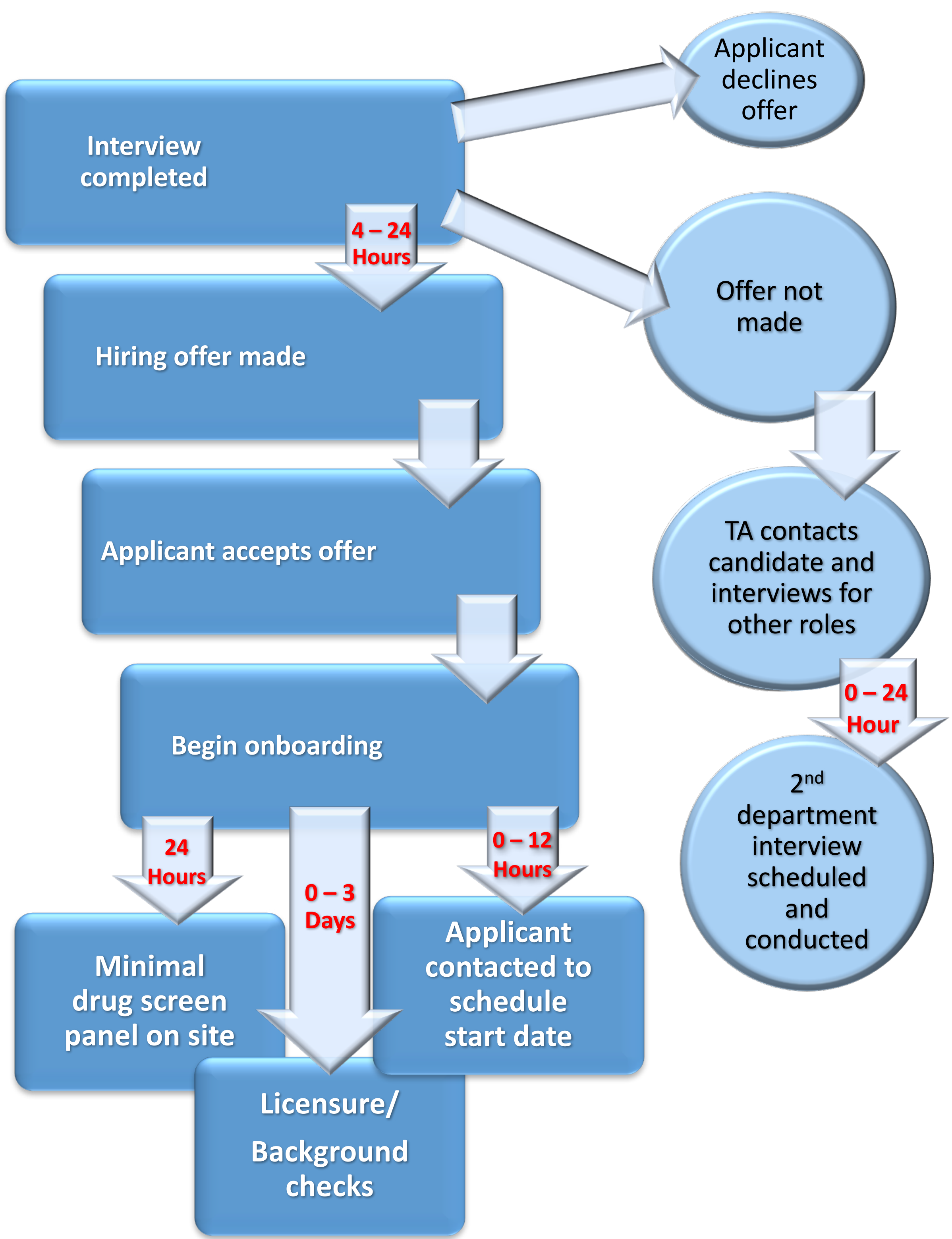
Process Map



AONL American Organization for Nursing Leadership™

CHAPTER 2

Recruitment and Retention

Executive leadership turnover in 2022 skyrocketed, with 18% more CEOs leaving their roles than in 2020 or 2021. Burnout, exhaustion and frustration with reimbursement are reasons why executives rethink healthcare leadership roles. And while undoubtedly, these roles are taxing, the burnout and exhaustion among leaders at the front lines of care are even more significant. Like their executive suite colleagues, many front-line nursing leaders successfully navigated the challenges of 2020 and 2021 with an eye toward a more normal future. 2022 has, in some ways, proved more complex as it has become increasingly clear that challenges with staffing, patient volumes, staff wellbeing, and inadequate reimbursement will likely persist well into the future.

Nurse Managers now report the following:

- There has been an expansion in the nurse manager's span of control as budgets tighten and more staff shift to part-time.
- Managers now spend 60-80% of their time on recruitment, staffing and scheduling, as new data indicates that nurse turnover has risen to 27.1% nationally in health systems with a 17.1% vacancy rate.
- Leaders see a shift in staff attitudes about teamwork and a move toward transactional relationships with a focus on cash compensation.

Takeaways

1. **Reducing the leadership span of control is challenging** in an environment where health systems are losing money and nurses are not applying for leadership vacancies.
2. **Centralized staffing and scheduling have proved very effective** in some organizations.
3. **Flexible schedules improve retention,** but some nurse leaders need help when proposing four-day work weeks or remote work for nurse managers.

- Leaders see a shift in staff attitudes about teamwork and a move toward transactional relationships with a focus on cash compensation.
- Patient and family complaints have skyrocketed with increased physical assaults on staff.
- Leaders experience a lack of work-life balance as the tenure levels of staff have dropped, and nurses need more coaching and reassurance 24/7.
- The health and well-being of nursing staff, many of whom remain traumatized from the COVID experience, is a significant leadership concern.
- Patient volumes and acuity are now higher than pre-COVID making staffing and scheduling more complicated.
- There is increased union activity.
- Recruitment challenges are not limited to nursing. Support staff have employment options outside of healthcare, and many choose other industries for their careers.

Literature Review

The long-anticipated retirements of the baby boomer nursing workforce began just before the COVID-19 pandemic and accelerated as a direct result of the pandemic (Warden et al, 2021). Nurse managers were among the many retiring nurses leading to critical deficits in front-line leadership. Given the crucial nature of the nurse manager role, health care organizations were left scrambling to recruit, develop and retain new nurse managers. When experienced nurse manager leadership is needed most, a strong nurse manager pipeline provides a solid foundation for organizational performance (Warshawsky & Cramer, 2019). In the absence of solid front-line leadership, organizational performance may suffer.

Millennial nurses are replacing the retiring nurse manager workforce with little to no experience or preparation for the role (Keith et al, 2021). Nurse manager roles are complex and necessitate leadership through influence. The role's scope and complexity are often burdensome to nurse managers. The evidence is clear—nurse managers experience stress and burnout directly from these burdensome scopes of responsibilities (Labrague et al, 2018; Penconek et al, 2021). To retain these front-line leaders, organizations must craft manageable roles and provide adequate support (Adriaenssens et al, 2017).

Competency and workload are among the key contributing factors driving the retention of this valuable workforce (Hewko, 2015). There is growing evidence supporting these key drivers of nurse manager retention. Specifically, researchers identified span-of-control, support positions, support functions and competency development as opportunities for redesigning models of nursing management (El-Haddad et al, 2019; Keith et al, 2021).

Sub-Group Work

Visionary nurse leaders are now pioneering new models of leadership and support strategies to retain their front-line nurse managers. This subgroup focused on the following three key areas:

Area One - Redesign the front-line leadership model of practice to reduce the manager's span of control and better support the leader's work.

Area Two – The initiation of nurse manager councils, executive coaching, or peer-support groups to support nurse managers and a communication channel to the executive team to share frontline leader concerns.

Area Three – The centralization of nursing staffing and scheduling to offload these responsibilities from front-line leaders.

Exclusion Content – Compensation and leadership development strategies were included in the scope of other workgroups in this compendium.

Methods

- Review of workforce data and related literature.
- Review of Remesh data collected by Deloitte.
- Review of AONL longitudinal nursing leadership research.
- Solicitation of expert opinions.
- Information from an AONL call for best practices.
- Interviews with nurse leaders from 24 organizations who responded to the call for best practices in nurse manager recruitment and retention.

Key Findings From AONL Research

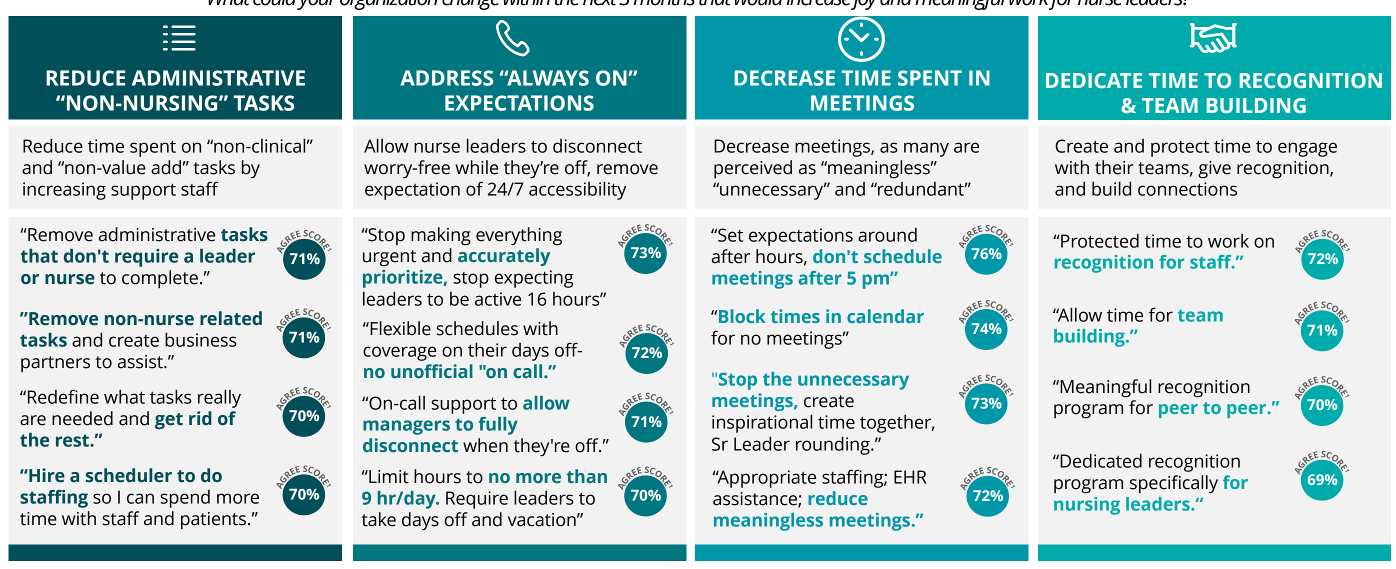
AONL participants in the Remesh study recommended the following high priority areas to improve nurse manager productivity and retention in the role:

- The elimination of unnecessary or nonproductive meetings.
- The delegation of administrative tasks to a nonclinical assistant.
- Assessing current HR functions and reassigning tasks traditionally in the HR purview back to HR departments.
- Addition of Assistant Nurse Managers, Unit Based Educators, and Administrative Assistants to support Nurse Managers.
- The formation of Nurse Manager Councils and/or Professional Governance Councils.
- Support for flexible schedules for nurse managers.
- The adoption of centralized staffing and scheduling systems.

OVERALL RECOMMENDATIONS

To increase joy and meaningful work for Nurse Leaders, the most common improvements are all related to time, including fewer meetings and admin tasks, protected time off, and dedicated time for building relationships

What could your organization change within the next 3 months that would increase joy and meaningful work for nurse leaders?



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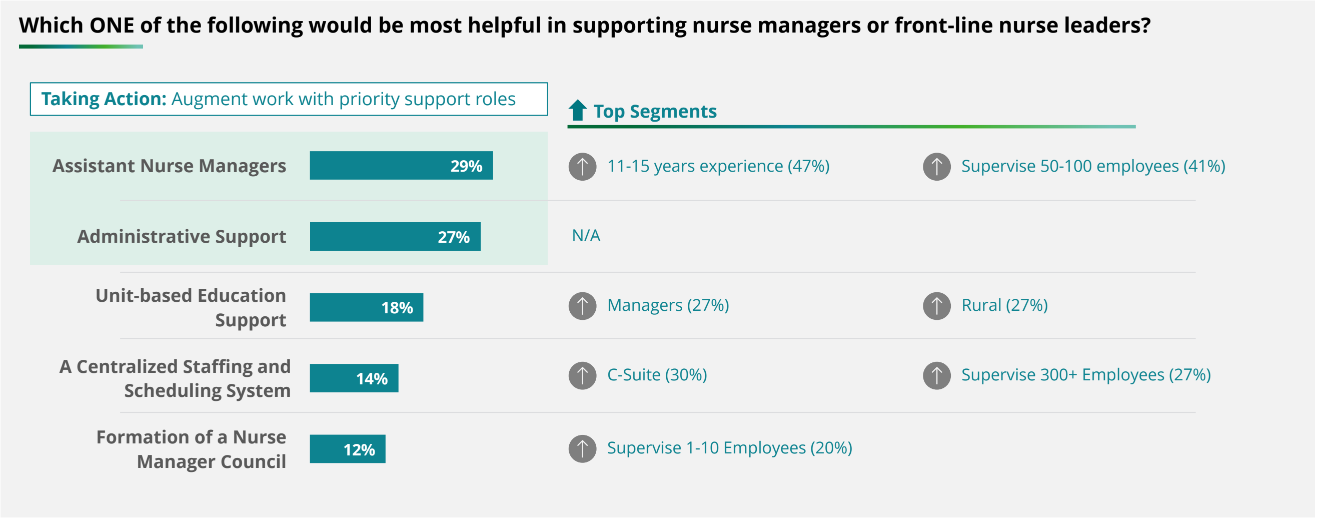
[1] Agree score is a modeled estimate of the share of participants that would agree with a particular response. These are calculated using collaborative filtering from participant voting after submitting their own response. Each % agree score is representative of sample in one of the two sessions conducted and is used for inferential / comparative purposes.

THE ENVIRONMENT: DRIVING CHANGE

For Nurse Managers and Front-line Nurse Leaders, **the most helpful support** would come in the form of assistant nurse managers and administrative staff



**Top segments are based on professional demographics and excludes segments with n<20*
Segments shown tested statistical significance at 90% confidence

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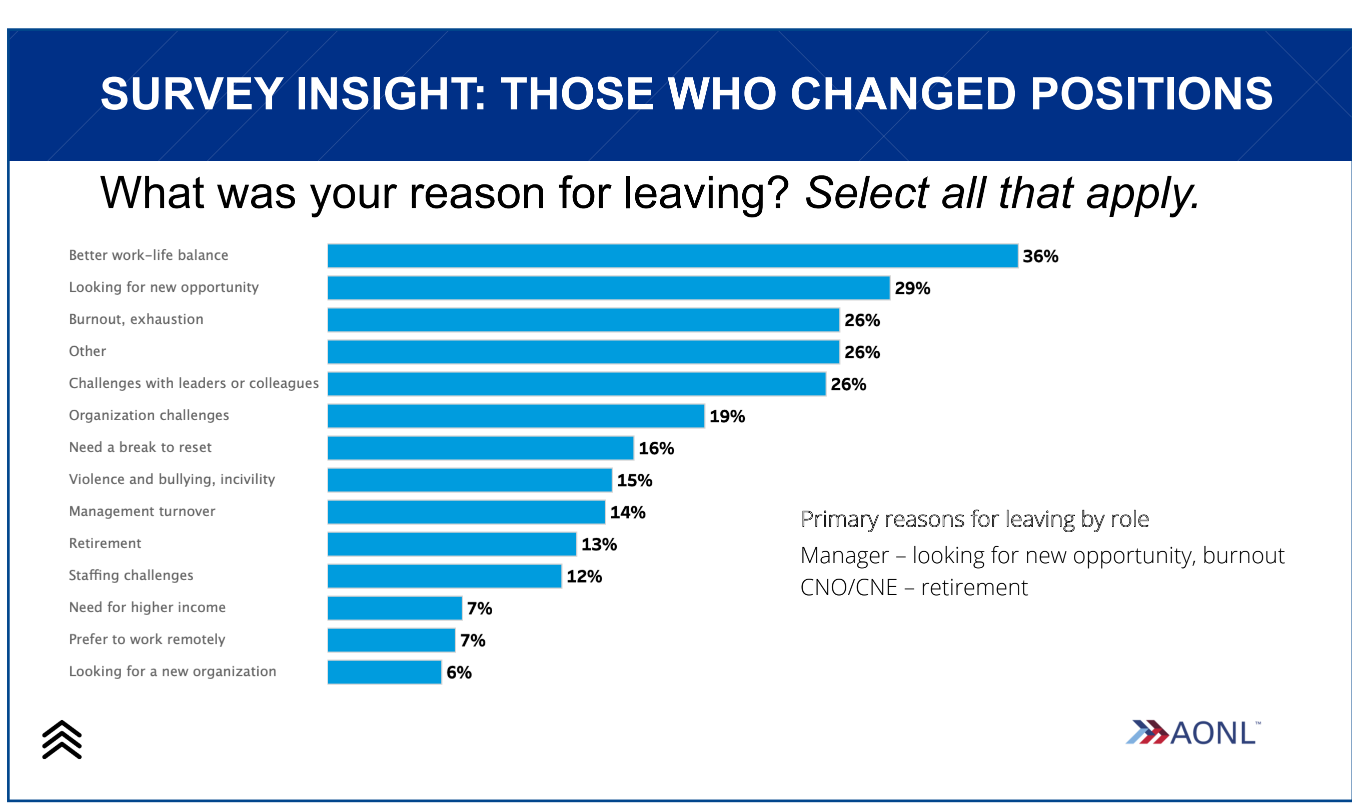
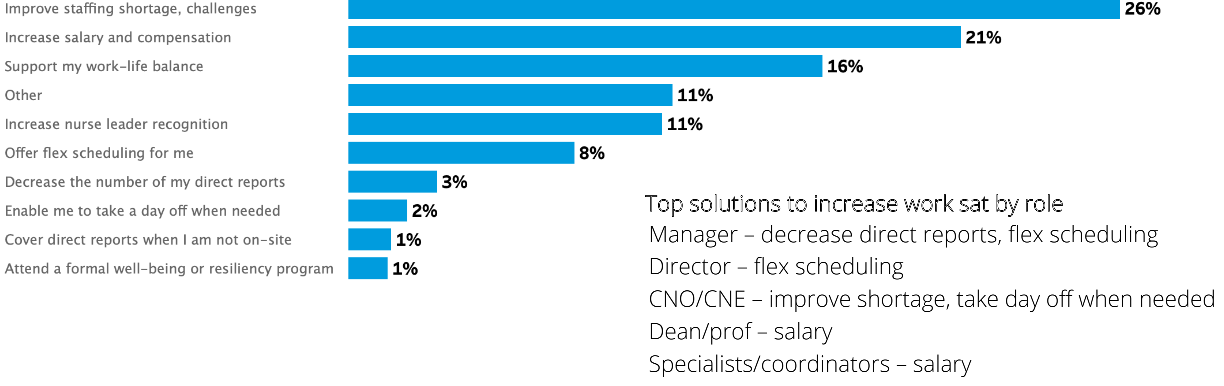
Below summarizes the responses to questions in the AONL Foundation Longitudinal Nursing Leadership Insight Study about challenges and intent to leave among nurse managers:

- 45% of nurse managers report they are considering leaving their roles, with burnout and lack of work-life balance being the primary drivers.
- Improved staffing, increased compensation, and support for work-life balance are the top three strategies nurse managers recommend to improve their role satisfaction.
- The top three challenges for nurse managers today are staff's emotional health, retention, and reduction in traveler use.
- 72% of nurse managers have witnessed bullying and incivility, and 51% witnessed violence in their settings.
- Less than half (47%) of nurse managers report that they are emotionally healthy or very emotionally healthy – significantly lower than either directors or CNO/CNEs.
- Administrative work and scheduling/payroll are among the top five frustrating tasks nurse managers report each week.



SURVEY INSIGHT

Which of the following solutions could your organization implement to improve your work satisfaction?

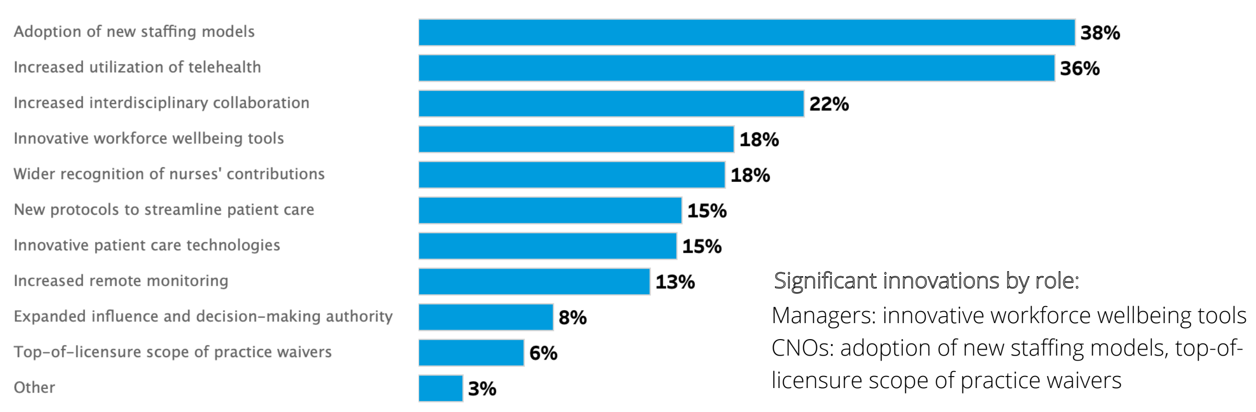


Top solutions to increase work sat by role

- Manager – decrease direct reports, flex scheduling
- Director – flex scheduling
- CNO/CNE – improve shortage, take day off when needed
- Dean/prof – salary
- Specialists/coordinators – salary

SURVEY INSIGHT

Which of the following temporary advancements will your organization continue to use in the future? *Select up to two.*



Significant innovations by role:

Managers: innovative workforce wellbeing tools
CNOs: adoption of new staffing models, top-of-licensure scope of practice waivers

Lessons Learned from Interviews with Nurse Leaders

- Many organizations are piloting strategies to recruit and retain nurse managers, but most initiatives described below are in progress without the outcome data needed to cite as a best practice.
- Organizational cultures drive ideas about leadership practice. Some nurse leaders encounter challenges with other executive team members when proposing four-day work weeks or remote work for nurse managers.
- It takes a village to manage patient care in the current environment. Most units no longer have stable core teams of nurses. Health systems are looking to add ballast to unit-level leadership through more of a team approach. Adding Assistant Managers seems to be the most widely used approach along with Unit Based Educators. No best practice submissions included the use of Co-Managers.
- Recruitment and retention initiatives are not a one-size-fits-all endeavor, as geography, facility size, clinical area, and organizational culture impact success.
- Some nurse leaders have moved ahead with a "proceed until apprehended" mindset on strategy implementation and are not waiting for official organizational approval.
- Reducing the leadership span of control is challenging in an environment where health systems are losing money and nurses are not applying for leadership vacancies.
- Centralized staffing and scheduling have proved very effective in some organizations, but success depends on the structure and available resources.
- Some nurse leaders have high control issues and/or difficulty delegating and do not want their responsibilities offloaded to assistant nurse managers or scheduling offices.

Resources - Exemplars and Small Bets

UCLA HEALTHCARE

UCLA established a goal to improve support to staff by reducing the leadership span of control to 35 direct reports. Each 26-bed unit has one unit director and two clinical managers who focus on clinical support to staff on all tours. Unit directors also have administrative support for clerical responsibilities and payroll, which has led to regaining 8-12 hours per pay period that is usually spent on these activities. Contact Karen Grimley, CNE at kgrimley@mednet.ucla.edu.

NEW YORK PRESBYTERIAN HEALTH SYSTEM

During 2022, Wilhelmina Manzano, the systems CNE, has conducted formal and informal conversations with the 300 patient care directors (PCD – the title used for nurse managers) across this eleven-hospital system. These skip-level conversations aim to provide coaching and support for leaders who play a critical role in patient care delivery. The informal conversations have no set agenda and are usually restricted to 25 PCDs to allow for more intimate conversations. They are offered multiple times. The formal conversations offer CE and are topic focused with short content presentations, usually using a TedTalk or YouTube video and then follow-up conversation. Some lessons Wilhelmina has learned include: 1) We often do not do as good a job as we could in leadership communicating the why; 2) Newer PCDs need different support than experienced leaders; 3) Reflection, hope, and demonstrating vulnerability as a CNE are powerful messages for frontline leaders; and 4) Soft skills are often overlooked in leadership development today but are crucial to leader success. These conversations will continue in 2023 and have played a crucial role in the CNE staying connected to the frontline managers through intentionally scheduling events with PCDs on her calendar and providing needed support. Contact Wilhelmina Manzano at tel9023@nyp.org.

MEMORIAL REGIONAL HEALTH SYSTEM FLORIDA

As part of the organization's strategic plan, a Nurse Manager Peer Group was developed in 2018. This group has implemented evidence-based processes that have resulted in higher retention and nurse manager wellness/resilience. The nurse manager peer group – (considering renaming it to Nurse Manager Council) has two nurse manager representatives from each of the six hospitals. These representatives bring issues from the nurse managers at monthly meetings at each hospital. Three key achievements have been nurse manager onboarding, nurse manager competencies, and a plan for nurse manager flexible scheduling. As an outcome of this group's work, nurse manager flexible scheduling was introduced in July 2021. Managers were given the option of one remote workday each week or a 4-ten-hour shift. KPIs evaluated include nurse manager turnover and satisfaction, staff engagement scores, and nurse manager burnout scores – so far, in the past 12 months, all KPIs have shown improvement. Another added benefit is the support for the night tour. Nurse manager retention in the past 12 months is above 90%. Contact Shelly Delfin at SDelfin@mhs.net.

TEXAS HEALTH

Since 2020, nurse managers have had the option to work two remote days at home each month to complete their administrative work. They are also piloting Moxie the robot to reduce the time spent obtaining supplies and equipment. Contact Julie Balluck, CNO at JulieBalluck@TexasHealth.org.

WELLSPAN HEALTH PENNSYLVANIA

Wellspan Health developed a one-year system-wide nurse manager residency program built on the AONL competencies. The program is now in its third year of operation. Each hospital in the system can send one nurse to the residency program. 50% of the resident's FTE is protected time to spend on leadership development with three four-month rotations with nurse leader preceptors outside their specialty. Although the goal is that all residents complete the program and integrate into a nurse manager role, they do not expect a 100% succession rate because one of the NMR's goals is to provide an opportunity for clinical nurses to determine if a nurse leader role is a good fit for them. In the first two years of the program, 11 residents completed the program (91%), and most have moved into leadership roles. Contact Tina Martin at cmartin22@wellspan.org.

UNC- REX

The nursing leadership council (NLC) at UNC Rex began in a pre-COVID environment but has evolved the past three years as support for the nurse managers and directors. The group meets twice each month for 90 minutes. A one-day retreat was recently held to enhance nurse leadership teamwork, and the NLC built bicycles as teams for the Girls and Boys Club of Raleigh. Through their participation in the NLC, nurse managers (especially new managers) feel better supported, and turnover is down. UNC REX also provides managers with 24/7 Backup Centralized Staff Support. More than 40 staff are part of the staff support team – comprised of employees who are on internal travel assignments and nurses from travel agencies who also work on the centralized staffing team. The staff support team, who are UNC employees, are incentivized to work anywhere in the system. Nurse managers complete their schedules but use centralized staff support to fill gaps and as the first line of defense for staffing calls on weekends and nights. Contact Jennie McInnis, Director of Centralized Nursing Support at Jennifer.McInnis@unchealth.unc.edu.

UC HEALTH MEMORIAL CENTRAL

UC Health System Southern Colorado Region launched a Nurse Leader Mentor Program in 2021. A CNO leads the Nurse Director Mentoring Circle, and all 15 directors attend monthly one-hour sessions with a focused topic supplemented by bite-size leadership videos/articles/book chapters. The Nurse Manager Mentoring Circle is led by a director with five managers in each mentoring group. The initiative has improved leader retention. 12-month turnover rates for nurse leaders (manager and above) for four hospitals in Southern Colorado were reduced from 8.2% in August 2021 to 1.9% in May 2022. This turnover rate has been sustained below 3% for five consecutive months. Leaders are more connected to each other and have developed relationships across specialties. Contact Amanda Cobb at amanda.cobb@uchealth.org.

NYU LANGONE HOSPITAL – LONG ISLAND

A Nursing Leadership Bench Strength Program (NLBSP) was developed in 2019, focusing on Assistant Nurse Manager development. More than 75 ANMs have attended the program. The 10-module program has provided the ANMs with the skills to better support nurse managers and the hospital with a leadership succession plan. The 12- month comparison of nurse manager vacancy rates at the inception of the NLBSP was 31%, and at present, the vacancy is less than 5%. Key lessons learned are that ANMs need to be involved in curriculum development. Peer-to-peer learning has proved very powerful. Contact Dr. Kathryn Lang at kathryn.lang@nyulangone.org.

CHESTER COUNTY HOSPITAL UPENN

In 2018, the leadership evaluated the Nurse Manager Span of Control by developing and testing a span of control assessment instrument, which has been published and presented at the Magnet Conference®. After conducting the study, positions for nine assistant clinical managers were developed to support the 12 clinical managers. Fast forward to today, and there has been a significant change in core staffing, nurse tenure, and nurse well-being. Nurse manager spans of control and time spent on staffing and scheduling have increased. The research team is ready to launch a new multi-site mixed-method study to determine if the instrument needs revision. The following sites will participate: Ohio State University Wexner MC, UCLA, University of Chicago Medical Center, and Mercy Health. Contact Cheryl Monturo at Cheryl.Monturo@pennmedicine.upenn.edu.

SANTA BARBARA COTTAGE HOSPITAL

Over the past three years, the emergency department leadership structure has evolved to incorporate the Clinical Nurse Coordinator role to provide more effective support for nursing managers. This busy ER now has three managers and CNCs working 12-hour tours to provide 24/7 leadership coverage with a division of functional responsibilities. CNCs get one non-productivity day per month to complete a wide range of administrative assignments, including scheduling, supply ordering, staff evaluations, and charge responsibilities when needed. Through the implementation of the CNC role, the leadership team has provided better support to the ED nurses and has a good grasp of staff members' strengths and weaknesses. They note that recruiting into the CNC role is becoming more challenging as nurses are reluctant to assume leadership roles. Contact Bridget O. Crooks at bcrooks@sbch.org.

UNIVERSITY OF KANSAS HEALTH

A two-year-long nurse manager internship program was implemented in 2017. It challenges the historical approach of moving expert clinicians into leadership without a formal professional transition program. It is designed as a transition into a leadership practice model. Interns are assigned to a service line with a nurse manager preceptor. Interns sign a two-year contract and are paid at the nurse manager level. The CNO keeps the intern on the centralized payroll until formally selected for the manager role. If a position is vacant, they may be moved into the manager role as an intern for up to a two-year test drive before taking the role. The program has a 98% retention of nurse manager interns, most within leadership roles. Contact Adam Meier ameier@kumc.edu.

UNIVERSITY OF KANSAS HEALTH

The University of Kansas Health System implemented an Assistant Director Model to support the six nurse managers working in perioperative and procedure areas. In April 2022, three assistant directors were added to the leadership structure to support the six managers to provide coaching and help with budgeting, staffing, scheduling, and recruitment. They are barrier busters for frontline leaders while providing coaching and support through a 45-minute 1:1 meeting each week with managers. The whole leadership team has a weekly foundations management meeting. Early wins include averting the loss of an experienced but overworked perioperative leader, a significant decrease in staff turnover well below the national 27%, and expedited recruitment efforts leading to lower use of agency and travel staff as well as a cut in staff vacancies. Interestingly, this service line tried but abandoned a co-manager model that had previously been piloted. Contact Angie West at adavies2@kumc.edu.

UNIVERSITY OF KENTUCKY HEALTH

UK Healthcare has worked for over a decade evaluating a leader's span of control, support and unit leadership structure. As an outcome of this work, they have bolstered the support of leaders by adding Assistant Nurse Managers, Administrative Assistants, and Unit-based Educators. Some lessons learned include recognizing that leadership structures may need to be different across specialty areas. Most but not all managers want ANMs. They also offer the option for managers to work two days remotely each month, but not all are comfortable doing this. Contact Brandy Mathews at bgmath2@uky.edu.

TAMPA GENERAL HOSPITAL

Tampa General nursing leadership initiated a span of control evaluation pre-Covid that resulted in alignments of Directors into Service Lines and the implementation of an ANM and clinician role (full-time charge 24/7 support). The clinicians do a broad range of administrative support, including staffing, scheduling, evaluations, payroll, coaching, and mentoring. The business intelligence team at Tampa General developed an electronic quality scorecard (with easy-to-evaluate graphs broken out at the unit level) that allows nurse managers to review a wide range of quality data pulled from Epic, Huron Rounding Reports, Patient Satisfaction Scores and Press-Ganey. This easily accessed data helps nurse managers to drive unit-based safety and quality initiatives from one central application. It also reduces time spent pulling reports. Contact Melisa Hayman at mhayman@tgh.org.

GOOD SAMARITAN HOSPITAL INTERMOUNTAIN HEALTHCARE

After studying the challenges with the nurse manager's span of control, a shift specialty coordinator (SSC) was added to the leadership team. The SSCs are expanded, elite permanent charge nurses. The role pays nurses 5% more than other staff. Each SSC is responsible for a POD of 12 nurses. They focus on performance metrics, safety, the patient experience and coaching new staff. SSC positions are posted when opened, and staff nurses interview prospective candidates. The SSCs have a council that meets monthly as part of an administrative day off the unit focused on leadership development, clinical practice, quality, and safety. Contact Laura Vorgic at Laura.Vorgic@imail.org.

KAISER PERMANENTE AND INSPIRE COACHING

Inspire Nurse Leaders has partnered with Kaiser Permanente in Santa Clara and Walnut Creek to provide individual and group coaching to 100 nurse managers and assistant nurse managers over the past two years. The program is strengths-based, six months long, and builds on the AONL Competencies. CNO Megan Gillespie reports that leaders who have received coaching have greater confidence and engagement. It has reduced turnover in leadership roles and improved clinical performance metrics. Contact Lori Armstrong at lori@inspirenurseleaders.com.

BAPTIST MEDICAL CENTER SOUTH ALABAMA

Baptist MC South has been using a Centralized scheduling approach for more than three years. The digital platform is SmartSquare, an Avantas product. The platform is robust, and contains metrics can be constructed to drive staffing. Staff can self-schedule using the platform, which is a satisfier. Managers decrease time spent on staffing and scheduling. They submit their schedules based on staffing needs. The system is managed by a centralized Resource Management Center (RMC), the manager's point of contact for staffing needs. Some lessons learned are that the rules used for staffing need to be clearly defined and revisited over time. Some nurse managers feel a loss of control because they are held accountable for staffing metrics (HPPD, overtime, etc.) but do not always make these operational decisions. Contact Melanie Elsky at mrelsky@baptistfirst.org.

NEW YORK HEALTH+HOSPITALS- NORTH CENTRAL BRONX

Nursing leadership in a safety net public hospital with limited resources is challenging in today's environment. The leadership team chose to look at their leadership structure through a new lens and ask tough questions such as: Is this leadership role still needed, and will it serve us in the future? Do the leaders we are selecting reflect the communities they serve? What can we offer leaders when the pay may not be competitive? How can we free up 80-95% of leadership time spent in scheduling by promoting a self-scheduling system? Some newly developed innovations include adding an administrative coordinator and a clinical specialist to every service line. Their innovation journey has just begun. Contact Nina Philip at philipn2@nychhc.org.

UNIVERSITY OF ROCHESTER MEDICAL CENTER

A centralized scheduling for the Medical-Surgical Service Line (13 Units) initiated during the pandemic is described as a game changer for managers – 95% manager retention across three years. The service line leadership team has taken an "it takes a village" approach to staffing, with all managers and directors attending two huddles each day – one at 10:45 AM and one at 3:30 PM – staffing throughout the service line is reviewed along with the patient acuity. Decisions are made about where to deploy nursing resources based on patient needs. The Staffing Coordination Office is open 5 AM – 7 PM and includes weekend coverage from 7 AM – 8 PM. It is staffed by two experienced nurse leaders who have gained the trust of their colleagues and the staff. The office oversees a Medical-Surgical Flex Team of 13 nurses (including two travel nurses) who have been cross-trained to work in multiple areas. The nurse managers still do their staffing/scheduling, but the office is the backup for any shifts they cannot fill or when they have call-ins. Managers feel very supported and spend less time trying to cover when there are call-ins. A few lessons learned include that it can never be "just about the numbers" – the goal of the service line is a 5:1 ratio, but it is a slippery slope to simply plug nurses into a staffing pattern. Patient acuity matters, as does nurse experience and competency. Personnel working in the staffing office is critical to success – this medical center chose experienced nurse leaders to coordinate staffing needs and recommend this approach. Contact Shayne Hawkins at Shayne_hawkins@urmc.rochester.edu.

DUKE UNIVERSITY HOSPITAL

To promote nurse manager well-being and work-life balance, the leadership in the heart service line at Duke over the past two years has promoted flexibility in leader scheduling, including a 4–10-hour day option, one work-from-home day per month, and flexible start times. The frequency of off-shift call coverage was reduced from every four weeks to every nine weeks by having one manager cover the service line. The nurse managers report higher well-being, better service line cohesion, and being able to unplug from staff requests eight weeks out of every nine. The only manager losses have been to retirement and promotion. Contact Laura Dickerson at laura.dickerson@duke.edu.

VALLEY CHILDREN'S HEALTHCARE

This Magnet facility implemented director-led coaching and mentoring sessions with 15 managers (85% with less than two years of experience) in June 2022. Sessions are held every two weeks and are two hours long. The focus is on the Art of Leadership and includes some content but mostly group discussions. Some early wins include the following: nurse managers behave in a more polished manner, team camaraderie, and more effective networking among colleagues to leverage the experiences of others. Contact Cauryn Updegraff at CUpdegraff@valleychildrens.org.

VA HAMPTON VIRGINIA HEALTHCARE

Transitioning into a VA nurse manager role is challenging in the current environment. The Hampton VA Medical Center is launching a six-month nurse manager mentoring program based on an evidence-based framework developed by Valarie Wright (now at the Baltimore VA) as part of her DNP project. The impetus for this work came from a Nurse Manager Council SWOT analysis. The need for a smoother transition and better support from staff nurse to nurse leader emerged as a key need. Contact Jacquelyn Claude at jacquelyn.claude@va.gov.

CLINTON MEMORIAL HOSPITAL OHIO

It can be challenging for smaller rural hospitals to implement best practices learned from larger facilities. This 124-bed hospital is piloting a Clinical Coordinator (Asst Manager) to support a new ICU manager. The position is 50% leadership and 50% bedside staffing. They also have centralized staffing and payroll support for all inpatient units. They are about 6-8 months into this trial and see both benefits and pitfalls. Nurse managers were resistant to having scheduling removed from their responsibilities. Contact Matt Gunderman at magunderman@cmhregional.com.

Recommendations for Nurse Leaders

1. Re-evaluate the span of control and scope of work for front-line nurse managers within the organization as it is significantly different today than in the pre-pandemic environment.
2. Conduct Stay Interviews with nurse managers to determine retention challenges and job embeddedness factors unique to your setting.
3. Recognize the need for the CNO to have regular conversations with frontline managers to assess the role challenges and provide support.
4. Seek ways to improve nurse manager support through strategies like nurse manager councils, peer support groups, and coaching.
5. Evaluate requirements for nurse manager attendance at meetings and look for opportunities to reduce time spent in meetings.
6. Look for opportunities to offload time-consuming leadership tasks such as staffing, scheduling and pulling performance metric data.
7. Assess the level of HR support for nurse managers in their recruitment and performance management activities.
8. Re-evaluate the front-line leadership structure and what additional roles may be needed to support nurse managers in environments that no longer have strong core teams.
9. Focus on helping nurse managers to improve their work-life balance through remote workdays, ten-hour shifts or flexible scheduling.
10. Be willing to take small bets versus waiting for evidence or research to support new initiatives in this rapidly changing environment.

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CHAPTER 3

Leadership

Nursing leadership is a dynamic, exciting and satisfying role that influences the very essence of health care. Across the care setting, nurse leaders are aware of their tactical accountabilities with ensuring appropriate staffing, creating effective multi-generational and diverse teams, achieving equity, meeting organizational goals and more. The relational requirements of the nurse leader role are perhaps more critical compared to other roles and the function of leadership is significantly growing in complexity. A leader's effectiveness in influencing individuals to work together to achieve a common good depends on relational leadership. Relational leadership is building a team of individuals who come together through a connection of shared values.

A nurse leader focusing on relational leadership is highly attuned to the team's interpersonal dynamics creating an emancipation of the team's potential. Individuals perform as a whole instead of solo players (Davidson, 2020). Forming and fostering relationships are a natural behavior for nurses, and when nurse leaders are able to practice relationally, they are more satisfied and fulfilled in their roles. Nurse leaders are responsible for coaching and mentoring current and aspiring leaders, while refining their skills and leadership competencies. Nurse leaders create the context for nursing excellence. The exemplars provided are a balance of how to develop these relational capabilities with how to liberate time for the nurse leader to practice them.

Among roles in the specialty of nursing leadership, nurse managers encounter unique challenges because they practice in one of the most complex environments in the health care field – care at the front lines. For some, becoming a nurse manager may be their first formal leadership role. Some novice nurse managers state that their early days in the manager role were a culture shock, with many new things to learn despite being expert clinicians. Managers are often selected based on subjective data, a history of clinical leadership, comradery with staff and providers and clinical expertise. From day one, the nurse manager is expected to provide operational oversight for multiple individuals who provide direct care, ensure positive patient outcomes and experience, and manage finances while engaging the nurse workforce. Given the complex role expected of nurse managers, support from the organization, interdisciplinary team members, peers and those they supervise is essential. The goal is to support professional growth and development to ensure nurse leaders are well-prepared in areas that most influence the workforce and care delivery.

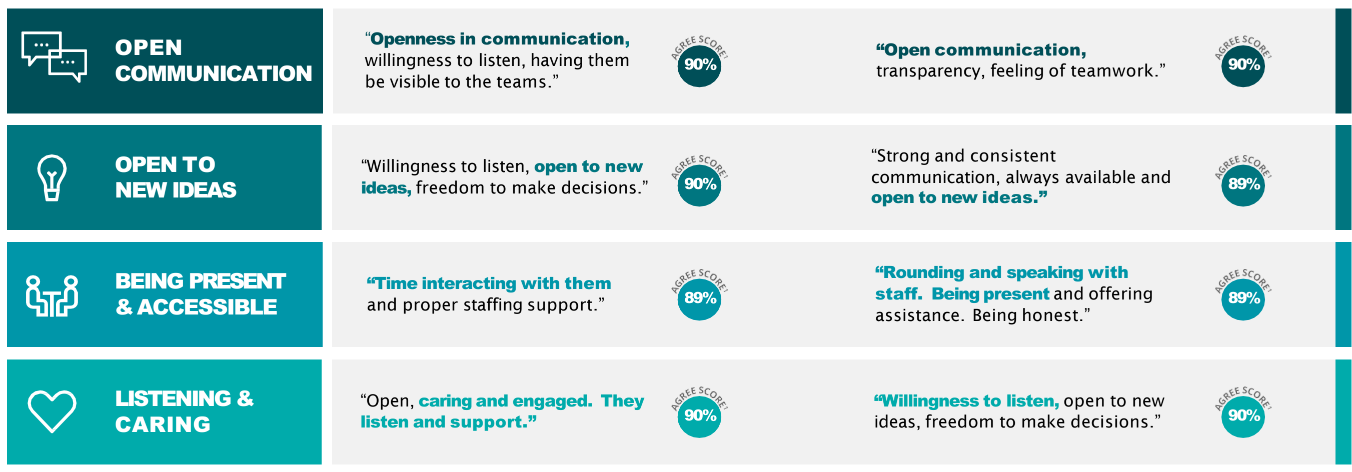
Key Findings From AONL Research

Table 1: Key nurse leader influencers of the nurse workforce

THE ENVIRONMENT: DRIVING CHANGE

Leaders can have the greatest positive influence on their nurse workforce by being honest and transparent, open to new ideas, present, and willing to listen

What aspects of your leader(s) positively influence members of the nurse workforce?



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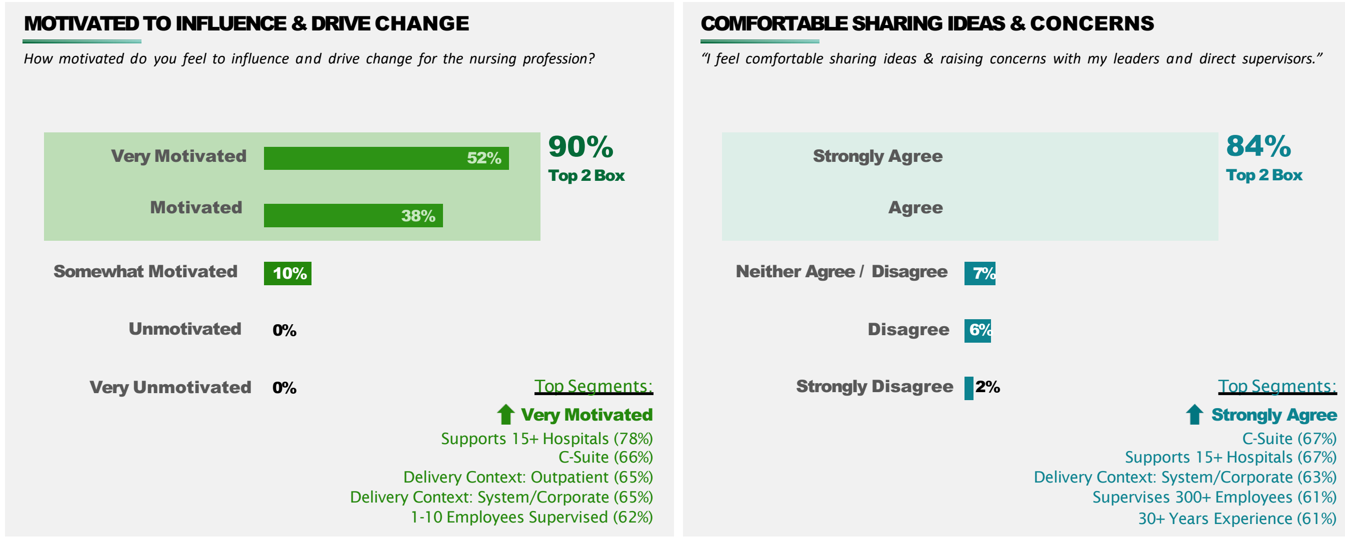
[1] Agree score is a modeled estimate of the share of participants that would agree with a particular response. These are calculated using collaborative filtering from participant voting after submitting their own response. Each % agree score is representative of sample in one of the two sessions conducted and is used for inferential / comparative purposes.

Table 2: Motivation of nurse leaders



*Top segments are based on professional demographics and excludes segments with n<20
Segments shown tested statistical significance at 90% confidence

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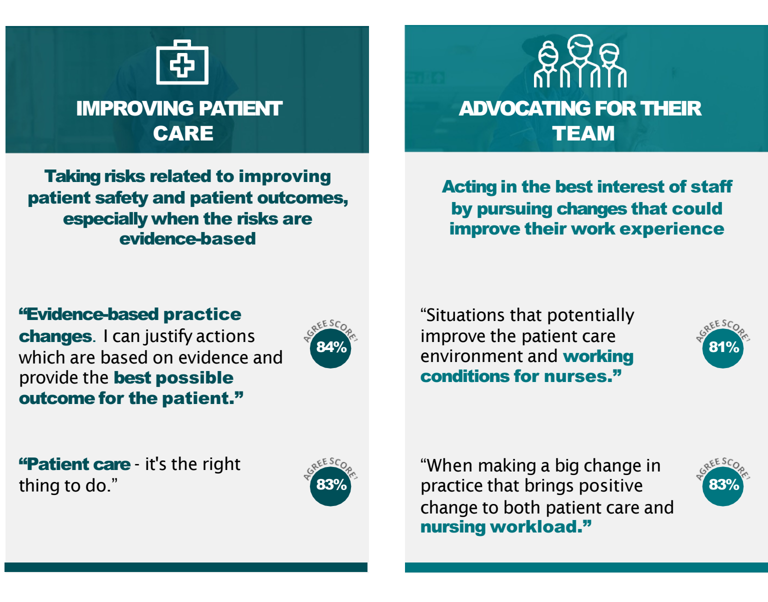
Table 3: Risk taking among nurse leaders



Leadership Subgroup Work

Members of the Leadership Subgroup convened to develop consensus about the top leadership ideas that capture critical aspects of nursing leadership, specifically among front-line leaders (i.e., nurse managers), defining key goals, and identifying interventions and strategies to support nurse leaders (see Table 1). These members capitalized on their knowledge and experience from every level of nursing leadership and brought forward best practices, takeaways and exemplars to aid nurse leaders present and future. Nursing Assistant.

Table 1: Leadership Ideas, Goals and Strategies

Top Idea(s)	Goal	Intervention/Strategy
Explore needed proficiencies to lead in complex environments	Exemplify relational leadership with those served (task-based when appropriate)	Encourage team professional growth and skill development (e.g., in employee scheduling, daily staffing and financial management, etc.)
Access understanding and articulation of the value of nursing and nursing leadership	Articulate scope of practice, purpose and impact of nursing and nursing leadership	Financial/cost-accounting knowledge Advocating for fair treatment of patients, well-being of staff Media training
Practice ownership – willingness to address and resolve issues	Demonstrate ownership by managing time to maximize impact among those served	Professional governance – leader accountabilities differentiated from clinical nurse accountabilities
Assess the levels of well-being of self and organizational/unit culture	Connect with those served through meaningful conversations	Quick connects, check-ins Changing the work systems of nurse leaders
Examine current practices in creation of culture of belonging	Model professionalism, inclusivity and respect within the organization and among those served	Humility and empathy Professional governance
Improving transition to nurse manager practice	Develop leadership capital to reduce turnover and increase effectiveness	Peer communities, ongoing professional development opportunities, nurse leader retreat
Professional Development	Access to continued development in changing health care environment	Evidence-based programs

Leadership Best Practices

1. Ongoing senior-nursing level engagement with front-line managers. Engagement may include intentional rounding, frequent check-ins and discussions to break down communication barriers, clarify information and support decision-making.
2. "Salon Coaching" for nurse managers by senior nurse leaders - similar to getting your hair done and talking about everything. This encourages the sense-making of the role and fosters relationship- building and organizational belonging. In addition, the approach serves as a forum for building trust and is the foundation for informal peer coaching.
3. Leveraging technology as a tool to assess data for operational decision-making and simplify administrative tasks. Works to eliminate data redundancies and workarounds that undermine the intent of automation.
4. Succession planning and educational opportunities help clinical nurses develop into charge nurses, practice council leaders and nurse managers, increasing the leadership acumen of nurse leaders to prepare and promote them into new leadership roles.
5. Engage and build partnerships with organizational leaders, including human resources, chief financial officer and operations officers. Chief nurses who introduce new nurse leaders to other executives reflect sponsorship and endorsement to the other senior leaders. Introductions also communicate nursing leadership team solidarity at all levels.
6. Developing a living unit description by nurse leaders and their teams to transparently inform finance and human resources to help teams understand the unit type, expected patient population and acuity, scope of service, care delivery model, target ratios, caregiver requirements, admission/discharge criteria, and more.

Takeaways

1. Nurse leaders need initial and ongoing professional development opportunities.
2. The complex health care environment requires proficiencies in relational leading/leadership.
3. Actively use relational leadership. Any relational style is good and can all be developed and refined.
4. As a leader, advocate for staff and other levels of leadership, as well as prioritize advocacy (honesty, advocacy, transparency).
5. Leveraging technology helps to reduce administrative burden and can free nurse manager time for team engagement.
6. Nurse managers must address their self-care, well-being, and work-life balance and demonstrate its importance to other nurse leaders. Included is accountability to learn boundary setting to maintain and prioritize the work within the nurse leader's control and what matters the most. It also includes using best practices for scheduling, including those in the context of self-care that limits consecutively worked shifts and worked hours per day and week.
7. Develop and redefine professional identity within leadership roles, including transitioning from expert clinician and chief problem-solver to novice leader. Openly address the potential for imposter syndrome. Facilitate a culture for clinicians to do their best work.

Resources - Exemplars

Organizational programs for developing leaders are an essential, foundational step in helping leaders to grow and succeed. After taking an initial leadership position, robust programs will ensure the new leader has the tools for early success. Supportive programs help the new leader feel prepared to work in a complex leadership environment, understand the role of a nurse leader better, prepare them for whole practice ownership and improve their ability to resolve complex issues.

HARP PROGRAM FOR NURSING LEADERS – CITY OF HOPE

Responsibility and Professional development program supports the professional development of front-line managers through monthly leadership curriculum sessions. These sessions follow the HARP pyramid (based on Maslow's Hierarchy of Needs combined with AONL competencies). Contact Chris Tarver at ctarver@coh.org.

EAGLE PROJECT – EMORY HEALTHCARE

The Emory Ambulatory Guide to Leader Excellence is built upon existing local and national leadership resources. These resources are used to tailor an evidence- and competency-based professional portfolio that supports ambulatory care clinical nurse leaders. Contact Karla Schroeder at Karla.Schroeder@emoryhealthcare.org.

Once a solid foundation and understanding of the leader's role are established, continued professional development and support for the leader is essential.

NURSE MANAGER PROFESSIONAL DEVELOPMENT RETREAT – UW HEALTH

To improve the well-being of nurse managers and advance their professional development and teaching strategies to strengthen relationships with staff members, a Nurse Manager Professional Development Retreat was developed. The retreats are built around a theme defined by the Nurse Manager Council and consistent with nurse manager professional development. The 8-hour event is organized like a conference with both internal and external speakers, breakout sessions with report outs on applications to leadership practices and designated time for honest, transparent dialogue around current challenges. Upon completion of the retreat, UW Health found that the pre- and post-assessments indicated increased leadership opportunities for bedside nurses, satisfaction and self-assessed role competencies. Contact Rudy Jackson at RJackson@uwhealth.org.

NURSE LEADER RESIDENCY PROGRAM WITH MENTORING AND COACHING – MUSC HEALTH

Nurse managers can benefit from a forum for education, leadership development and mentorship to demonstrate the leadership critical components that promote staff engagement, patient experience, and excellence in nursing. Senior nurse leaders can actively mentor and coach nurse managers to learn about the scope of their responsibilities and assist with problem-solving. Clear expectations, including frequent data review and experience-informed problem-solving, enhance this aspect of professional development. One example of this program's success was addressing the challenge of multiple passwords for multiple software platforms used daily by front-line nurse managers. A senior nurse leader worked with IT to simplify the process with a single secure login. Contact Lisa James at Jameslis@musc.edu.

One of the important concepts from the National Academy of Medicine (NAM) Clinician Well-Being consensus study (NAM, 2019) was that burnout prevention must include the individual as part of a work system. Both the individual and the work system must be addressed for well-being to improve, so not only do we understand and address individual levels of well-being, we also must change the work of the nurse leader to reduce the leader burden. The committee envisioned ways to identify and prevent burnout before it happens.

REDUCING NURSE LEADER BURDEN: A DATA-DRIVEN APPROACH USING LEAN METHODOLOGY – EMORY HEALTH

Capitalizing on Lean methodology to quantify and classify nurse leader work, opportunities are identified to reduce time-consuming activities (e.g., clerical, supply-chain issues, etc.). Using unit-level and organization-level data enables the leadership team to advocate for goal realignment, distribution of clerical tasks to non-clinical personnel, and facilitates a focus on functional, top of competency and expertise. Contact Rose Horton at Rose.Horton@emoryhealthcare.org.

Developing a living unit description by nurse managers and nurse leaders creates transparency within their teams establishes an agreement on the work performed in a department or unit. This is used to facilitate boundary setting, trust building, and measures for team achievement. Defining the scope of work/service of a unit is a formal process serving many purposes. It informs finance, quality, human resources and recruiting teams, as well as new recruits about the unit type, expected patient population and acuity, scope of service, care delivery model, target ratios, caregiver requirements, admission/discharge criteria and more.

UNIT SCOPE OF SERVICE TOOL

To provide nurse leaders with a consistent mechanism to describe the labor and financial resources their units need across departments and groups, the Unit Scope of Service tool has been used effectively since 2016. The tool includes information about the type of unit, FTEs, key performance indicators, admissions, discharges and unit descriptors. Contact ChrysMarie Suby at c.suby@lminstitute.com.

Our practice environments also must be where the nurse sees who they are as a nurse or the nurse leader sees themselves as a leader. Professional identity development is essential in individual fulfillment and achievement of purpose.

PROFESSIONAL IDENTITY IN NURSING SURVEY – UNIVERSITY OF IOWA

A self-assessment tool was developed to assist the professional development of nurse leaders in professional identity and to assist leaders in their roles. PINS is for nurses to assess professional identity within four domains (values and ethics, knowledge, nurse as leader and professional comportment) and evaluate the nurses' work environment. Contact Nelda Godfrey at ngodfrey@kumc.edu or Lindell Joseph at maria-joseph@uiowa.edu.

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CHAPTER 4

Positive Practice Environment

Positive practice environments foster healthy workplace environments where nurse leaders can grow, thrive, be safe and stay well. Promoting nurse empowerment, engagement and interpersonal relationships at work will be critical to achieving positive practice environments and quality patient care. Healthier work environments lead to more satisfied nurses, resulting in better job performance and higher quality of patient care, subsequently improving the overall health care organizations' financial viability (Wei et al., 2018). Creating and nurturing these healthy, positive work environments will need continuous effort and emphasis from all health care leaders.

Many internal and external components of an organization create and support the foundation of a positive practice environment. This committee decided to limit the focus to four priority areas, which nurture a healthy, positive practice environment for nurse leaders. These four priority areas include, but are not limited to:

- Building the culture and environment
- Engagement, recognition, and appreciation
- Wellness and well-being
- New innovative care models

Findings From AONL Research

Using virtual focus group technology and questions submitted by the AONL workforce subcommittees, staff from Deloitte consulting conducted synchronous and asynchronous sessions with AONL members in September 2022. Nurse participants recommended the following as a high priority to improve the overall positive practice environment:

- Culture is ranked most important by 49% of nurse leaders when cultivating a positive practice environment. Associations with current workplace culture are largely positive, driven by strong feelings of teamwork, care and support.
- Nearly half of nurse leaders ranked "building the culture and environment" as the most important when cultivating a positive practice environment.
- Roughly 1 in 4 nurse leaders strongly agree that their organization fosters a diverse, equitable and inclusive workplace.
- Over 50% of nurse leaders experience burnout multiple times each week.
- 68% of nurse leaders ranked flexible scheduling as the number one, most important non-monetary benefit, alongside increased administrative support and decreased expectations of 24/7 accountability.
- To increase joy and meaningful work for nurse leaders, the most commonly recommended improvements are related to time: fewer meetings and administrative tasks, protected time off and dedicated time for building relationships with their teams.

Considerations for Nurse Leaders

Building a culture and environment where nurses can grow and thrive should be a priority for all leaders to ensure we create a physically and psychologically safe environment that champions and prioritizes workplace safety with clear parameters. Nurse leaders must build a culture that empowers all nurses through a foundation based on listening, teamwork, trust and recognition that supports diversity, equity and inclusion. This culture also must ensure nurses practice at the top of their licenses and competencies, are decision-makers in patient care and are at the table in all aspects of health care.

1. Leaders at all levels need to improve interprofessional partnerships.
2. Creating and maintaining space for improved training and mentorship for nursing leaders is critical.
3. Ensure Just Culture and Bias Training is embedded in the organizational culture and education.

Additional Key Resources:

- Guiding Principles for Mitigating Violence in the Workplace | AONL
- DEIB Guiding Principles Final.pdf (aonl.org)
- Hospitals Against Violence | AHA
- National Plan for Health Workforce Well-Being - National Academy of Medicine (nam.edu)
- American Association of Critical Care Nurses, Healthy Work Environments
- Speaking up or Remaining Silent: Understanding the Influences on Nurses When Patients Are at Risk - ProQuest
- Princeton's Institute for Nursing Excellence

Engagement, recognition, and appreciation

When organizations support, appreciate and engage their nurses, they are more likely to retain the professional staff needed to deliver safe, high-quality patient care. According to Dans and Lundmark (2019), creating positive practice environments requires more than a one-size fits all approach because the intent to stay for experienced nurses is based on overall job satisfaction, joy in work and career development opportunities. In contrast, new nurses' most critical driving factors are nurse manager support, joy in work, and praise and recognition. Findings from AONL Foundation-sponsored research continue to support the need for organizations to support, appreciate and engage their nurses (see Longitudinal Nursing Leadership Insight Study | AONL).

Additional Key Resources:

- Beyond Gratitude | AONL | A Tribute to Nurse Managers
- IHI Joy at Work
- What is The DAISY Award? | DAISY Foundation
- Frontline Dyad Approach to Maximize Frontline Engagement in Improvement and Minimize Resource Use | IHI - Institute for Healthcare Improvement
- How to Measure Employee Engagement with the Q12 - Gallup

Wellness and Well-being

The importance of nurse well-being and overall wellness cannot be emphasized enough, especially post-pandemic. Our health care systems are under incredible stress, especially nurses, due to the shortage of health care workers. Nurse well-being is crucial not only for the nurses' health but also because there is a direct correlation between nurse burnout and its effects on the quality of patient care. Nurses need to feel healthy, well, and supported moving into the future because the COVID-19 pandemic has intensified health care worker stress and left nurses unprotected and unsupported (Flaubert et al., 2021). Ensuring nurse wellness and well-being will require implementing and fostering strategies that address the structures and policies responsible for workplace hazards and stressors that lead to poor health, clinician burnout, mental fatigue and adverse patient outcomes.

Additional Key Resources:

- National Plan for Health Workforce Well-Being - National Academy of Medicine (nam.edu)
- Healthy Workforce Institute | Stop Incivility in Nursing
- The Future of Nursing 2020-2030 - National Academy of Medicine (nam.edu)
- Mindful Ethical Practice and Resilience Academy: Equipping Nurses to Address Ethical Challenges
- American Nurses Foundation Launches National Well-being Initiative for Nurses (nursingworld.org)
- Stress First Aid Continuum Model
- Stress First Aid for Health Workers

Innovative Care Models That Support Superior Patient Outcomes

Nurse leaders can advance the effectiveness and delivery of patient care through innovative care models that address the complex needs of all patients, focusing on social determinants of health and advancing health equity. Creating and supporting new innovative care models will promote a positive practice environment and drive positive patient outcomes (Machon, Cundy, & Case, 2019). It's essential to create a culture where innovation is welcomed and can flourish, and staff and patients feel empowered to contribute to the innovation process and help drive positive change.

Additional Key Resources:

- Innovative-Models-of-Care.pdf (aha.org)
- Edge Runners - American Academy of Nursing Main Site (aannet.org)
- Innovative care delivery models for the clinical practice of hepatology - Talwalkar - 2014 - Clinical Liver Disease - Wiley Online Library
- An innovative nurse staffing model: Nurses are Happy2Help and strike the right balance. The Journal of Nursing Administration (lww.com)

Exemplars

AUTHENTIC NURSE LEADERSHIP TOOLS - MATHER HOSPITAL

Research indicates that Authentic Nurse Leadership (ANL) and Healthy Work Environments (HWE) are the foundation supporting nurse engagement and patient outcomes. Recently, the development of an ANL Conceptual Model and a valid and reliable instrument, the Authentic Nurse Leadership Questionnaire (ANLQ), enabled the measurement of ANL attributes from the perception of clinical nurses. This research study was the first to develop and validate an ANLQ instrument for nurse leaders and to measure nurse leaders' tendency to produce socially desirable responses, as measured by the Index of Social Desirability. The ANLQ-NL and ANL Conceptual Framework were statistically significant in supporting HWE in which nurses practice. Contact Marie Giordano-Mulligan at mmulligan5@northwell.edu.

CREATING AN ANTI-RACIST WORKPLACE - MOUNT SINAI HOSPITAL

Development of a nursing diversity, equity and inclusion system committee, the Nursing Against Racism initiative, comprises multiple hospitals within Mount Sinai Health System. This committee will foster the advancement of knowledge by actively contributing to creating an anti-racist workplace environment within nursing. This committee would target all levels of nursing and the entire health care team. The charge of this committee is to advance the Mount Sinai Health System's core value of equity through the voice and actions of the nurse. Contact Natalie Callis at natalie.callis@mountsinai.org.

VIRTUAL NURSE - ATRIUM HEALTH

Virtual Nurse Observation Program created a care model that included bedside and virtual nurses. When increased nurse-to-patient ratios drain staffing resources, the virtual nurse provides additional support to enhance patient care while not replacing bedside nurses. Piloted in March 2021 in a progressive care unit with a bi-directional video-based program. The virtual nurse purposefully rounds on patients for the 5 Ps (pain, potty (or personal hygiene), position, periphery, and pump) and changes in condition and acts as a second witness for high-risk medications, orienting and re-orienting patients to their environment providing patient and family education. They complete documentation of admission/discharge, mobility of patients, oxygen use, intake and output, and patient education. At Atrium Health a virtual nurse can complete non-hands-on tasks, so a bedside nurse is free to do more care. This program was found to be an effective recruitment tool for novice nurses (additional support) and a retention tool for expert nurses who may not be able to maintain work at the bedside. Scores for patient experience increased, as well as increased team satisfaction with the role of the virtual nurse, especially from novice nurses. The virtual nurse has also successfully identified early recognition of patient changes and early notification of the need for RRT/Code and to assist with RRT/Code documentation. Contact Patricia Mook at Patricia.Mook@atriumhealth.org.

Exemplars

LEADERSHIP INSTITUTE – UCSF HEALTH

The secret to nursing leadership success is listening. Employees feel empowered to problem solve, and a positive practice environment is created when multiple forums and open communication to all staff are provided. UCSF Leadership Institute partners with the UCSF School of Nursing and the UCSF Center for Nursing Excellence and Innovation, which includes leadership development at all levels of nursing. The UCSF nursing turnover rate of 9% bested the national average of 21% in 2021. Contact Pat Patton at Pat.Patton@ucsf.edu.

INSTITUTE FOR NURSING EXCELLENCE – PENN MEDICINE PRINCETON

Penn Medicine Princeton Health created an Institute for Nursing Excellence. This newly developed institute contains three centers: professional development and recognition, innovation and research, and clinical practice. The institute assists nurses in enhancing their clinical skills, pursuing career and educational goals, and participating in research and innovation. Read more at: Institute of Nursing Excellence (princetonhcs.org). Contact the Institute for Nursing Excellence team at PMPH-Foundation@PennMedicine.upenn.edu.

STRESS FIRST AID (SFA) MODEL

The SFA Stress Continuum Model was developed by the U.S. military for the Navy and Marine Corps to assess the level of their own and others' stress responses; this was later adapted for use by first responders and health care workers (National Center for PTSD, 2022). In the Stress Continuum Model, the four stress zones are ready (green), reacting (yellow), injured (orange) and ill (red). In the yellow zone, an individual may juggle things well and put things off. Wear and tear over time can put one in the "injured" state of feeling loss of control; panic, rage or depression; and/or guilt, shame or blame. Checking on each other and being aware of yourself and your team's behaviour can prevent a person from moving into the unhealthy "ill" state where symptoms are persistent or worsen over time, the person experiences severe distress, or has significant difficulty functioning at work or at home. The Stress First Aid model was designed to help people move themselves or their coworkers from the Red and Orange Zones back to the Yellow or Green Zones.

The SFA model has the end goal of moving people toward wellness. The SFA model includes seven actions to identify and address early signs of stress reactions in an "ongoing way" and not just after "critical incidents" (National Center for PTSD, 2022). The SFA Continuum Model and SFA are helpful tools for leaders at the bedside who may be first in line to help their team members at the onset of stress in the reacting (yellow) zone. Contact Christi Nguyen at Christi.Nguyen@UTSouthwestern.edu.

Exemplars

WELLNESS PROGRAM – UCSF HEALTH

In an effort to improve wellness, staff engagement and reduce burnout, UCSF launched the **UCSF Mount Zion Wellness Program**, consisting of on-site and off-site wellness activities. A dedicated on-site wellness space offers massage chairs, art, and music therapy, aromatherapy, treadmills. and self-care journals. It also offers live integrative health classes such as yoga, acupressure, breathing exercises and massage therapy. Additionally, an all-inclusive off-site retreat sends nurses to a three-day energizing retreat focusing on health care staff healing from COVID-19 trauma. It also includes invigorating speakers, meditation, exercise programs and healthy meals. A year-long pilot began in May 2022.

The program is being measured by Gallup RN Satisfaction and Maslach Inventory Burnout metrics. Pre-intervention surveys captured age, sleep, years in health care, commute time, etc. Midway surveys were collected in the fall, and final post-intervention surveys to be sent May 2023. Anecdotal comments, post-wellness activities, and the programs' use are tracked via QR codes and Qualtrics. Front-line staff also are encouraged to become wellness ambassadors and provide constructive feedback about the program. Social media is utilized to maintain engagement with staff. Expecting positive results from the pilot, the organization plans to include other staff such as physical therapists, social workers, physicians, hospitality, etc. and offer the program to other UCSF sites. Contact Lourdes Moldre at Lourdes.Moldre@UCSF.edu.

MEANINGFUL PEER RECOGNITION – HUMANA

When clinician burnout and staffing shortages weighed heavily on nurse morale, Humana deepened its focus on meaningful peer recognition, embedding it into the tapestry of its nursing community practice. Ultimately, Humana promoted an environment of belonging while boosting nurse engagement and retention. Led by the chief nurse officer, the health plan created a formal, easy opportunity for nurses to recognize each other for teamwork, clinical expertise, and just plain kindness. Informed by nursing input, a peer-to-peer nurse recognition program was introduced in 2018. Every day, nurses at Humana can recognize and be recognized by each other through an easily accessible process that is simple yet incredibly meaningful for the nurses. The number of recognitions is unlimited and purely driven by the genuine desire of nurses to support one another. How it works: nurses visit a SharePoint site, complete a brief form, including the reason for recognition, and add a personalized note. Upon submission, an email is generated to the nurse being recognized (as well as their leader), and they also receive a certificate of appreciation from the chief nurse officer and a link to a recognition store where they can select an appreciation item. An email also goes to the nurse submitting the recognition, reinforcing the benefits of peer recognition. The chief nurse officer has access to the peer recognition platform to understand the number of recognitions, roles of those recognizing and being recognized, their business areas, and the sentiments of the recognition. Over four years, Humana nurses have shared 18,000 recognitions. Humana's engagement data has shown the favorable effects of peer-to-peer recognition on nurses feeling valued, one of the top 10 drivers of engagement and a leading predictor of turnover. Contact Sabina Zolota at szolota@humana.com or Kathy Driscoll at Kdriscoll1@humana.com.

Exemplars

ALTERNATIVE STAFFING MODEL – MEMORIAL HERMANN HEALTHCARE

The leadership team developed an alternative staffing model to manage increasing volumes and a shrinking labor pool. A Kaizen was held with the front-line team, breaking down all care tasks required for care into licensed and skill-specific tasks. It was identified that 40% of the work currently performed by RNs could be safely delegated to other team members. A team approach model utilizing licensed vocational nurses, doulas and ancillary support was piloted for six months, including clinical-based orientation and charge nurse development guide on roles and responsibilities. This impacted efficiency and patient and quality outcomes across the service line. After the pilot was completed, length of stay observed/expected was within the top quartile of a national peer database, decreased severe maternal morbidity cases (complications associated with delivery) went from 2.8% to 0.0% from January 2022 to July 2022, annualized turnover of 32.4% improved to 19.4% in six months (3.5% in August 2022) and employee engagement scores advanced after the pilot. Contact Danyell Taylor at danyell.taylor@memorialhermann.org.

REDESIGNING THE NURSING CARE MODEL – COMMUNITY MEDICAL CENTER (CMC)

CMC addresses workforce staffing shortages by redesigning the current nursing care model for effective workforce planning and distribution. The pilot program integrates licensed practical nurses (LPN) on nursing teams on a 28-bed medical oncology unit. The initial development required a review of the LPN scope of practice, care hours needed and a review of the staffing grids. A front-line team was built, comprised of an RN, LPN, and patient care technician. Based on their skill sets, they divide the care assignment according to the scope of practice for each. The team model was evaluated by performing periodic leadership rounds. Through model, CMC leaders hope to increase retention of current staff, improve employee engagement and see an overall improvement in patient experience scores. Contact Donna Bonacorso at donna.bonacorso@rwjbh.org.

NATIONAL PLAN FOR HEALTH WORKFORCE WELL-BEING

National Academy of Medicine (NAM) – Launched in October 2022, the National Plan for Health Workforce Well-Being intends to drive collective action to strengthen the health workforce's well-being and restore the nation's health. The vision is that people are cared for by a health workforce thriving in an environment fostering their well-being as they improve population health, enhance the care experience, reduce costs and advance health equity. Seven priority areas include:

1. Create and sustain positive work and learning environments and culture.
2. Invest in measurement, assessment, strategies and research.
3. Support mental health and reduce stigma.
4. Address compliance, regulatory and policy barriers for daily work.
5. Engage effective technology tools.
6. Institutionalize well-being as a long-term value.
7. Recruit and retain a diverse and inclusive health workforce.

The report identified ten key elements to drive a successful national movement, acknowledging that improving health worker well-being is a shared responsibility that requires collective action by all stakeholders in the United States health system and those who influence the systems that support health. More information can be found by downloading the full or abridged National Plan for Health Workforce Well-Being Report.

Wrap-up Summary/Recommendations for Nurse Leaders

As highlighted throughout this chapter, many significant initiatives and strategies promote and foster positive practice environments across the health care sector, especially those that impact our nursing profession. Nurse leaders can best support nurses by building the culture and environment necessary to create a positive practice environment. Changes in the work environment that focus on engagement, recognition and appreciation of nurses at all levels; the support and building of better teamwork; and increasing retention and joy at work will ultimately improve patient outcomes. Positive practice environments demonstrate a commitment to workplace safety, and place a focus on clinician wellness and well-being. New, innovative care models should support nursing functions – creating efficiency and removing burdensome barriers to advance care delivery and evidence-based practices–and promote health equity for all.

It is essential nurse leaders continue to raise awareness of the positive effects of building and sustaining healthy practice environments. We need a long-term and systematic approach embedded into every aspect of nursing. Ongoing research is needed to fully understand the impact and correlations of each potential component that creates and embodies a positive practice environment, within our nursing profession and in each health care setting.

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CHAPTER 5

Academic-Practice Partnerships

Academic-practice partnerships, also referred to as academic-service partnerships, are "established strategic relationships that exist between educational and clinical practice settings to advance practice, education, innovation and research, leveraging the talents of the partners and thus advancing mutual interests and priorities" (Markaki et al., 2021, p. 2). Key attributes of these partnerships include formal relationships with ongoing communication, collaboration, leadership support across the partner organizations, exchange of resources, and engagement in scholarship activities with knowledge dissemination and documented impact. Guiding the academic-practice partnership are shared mission, vision and values with joint accountability and recognition for goal attainment.

AONL has a long-standing relationship with the American Association of Colleges of Nursing (AACN), the National League of Nursing, as well as other members of the Tri-Council, culminating in the development of guiding principles to advance our understanding of academic-practice partnerships in nursing (AONL, 2012). Although these guiding principles have been available since 2012, the presence of formal academic-practice partnerships varies across the country, ranging from nonexistent to well-integrated partnerships (Figure 1). This compendium section articulates what is and what is not an academic-practice partnership and offers exemplars for guiding the development, implementation and evaluation (Polancich et al., 2021) of these valuable partnerships.

Table 1. Academic-Practice Partnerships and Levels of Integration on a Continuum

Characteristic	Level 0	Level 1	Level 2	Level 3
Extent of relationship between academic and practice partners	No academic-practice partnership relationship exists	Academic-practice relationship exists only for the clinical placement of students in a service facility	Academic-practice partnership relationship exists for select collaborative programs with or without the clinical placement of students in a service facility	Fully integrated academic-practice partnership relationship exists for the clinical placement of students in a facility plus joint involvement in collaborative programs inclusive of academics, research, scholarship, and practice.
Contractual arrangements between the academic and practice partners	None	Clinical affiliation agreement	Clinical affiliation agreement May or may not have a memorandum of understanding defining relationship	Clinical affiliation agreement with memorandum of understanding defining structures (inclusive or resource exchanges), processes and outcomes associated with the relationship
Systematic evaluation of outcomes associated with the academic-practice partnership	None	None	None to limited to isolated evaluation of outcomes associated with select outcomes	Well-developed and defined; applicable to documenting the value of the full partnership

Key Lessons Learned from Academic-Practice Partnerships

Exemplars

1. Many organizations created strong academic-practice partnerships, which help develop innovative solutions to address patient care needs and provide students with unique clinical experiences working with front-line health care teams. This hybrid relationship creates a recruitment pipeline of qualified graduate nurses with special skills to adapt to a rapidly changing practice environment.
2. Academic-practice partnerships may significantly improve retention rates. These partnerships also promote scholarly inquiry and yield an additional pipeline of nurses pursuing advanced degrees.
3. Enhanced clinical experiences in specialty-service lines provide a conduit for new hires who are better prepared to enter the field as new graduates. Clinical experiences, with a concurrent specialty content elective, promote practice-ready, newly graduated registered nurses in areas traditionally reserved for experienced registered nurses.
4. Academic-practice partnership fosters critical joint appointments, combining the best of academic and clinical practice. These symbiotic and synergistic relationships frequently help integrate academic learning into practice, advance nursing practice and professional development. These partnerships engender a desire for continued learning and career growth.
5. The academic-practice partnership's sustainability depends on the established relationship among the key stakeholders, the needs and benefits achieved by each stakeholder.
6. human resources to help teams understand the unit type, expected patient population and acuity, scope of service, care delivery model, target ratios, caregiver requirements, admission/discharge criteria, and more.

Considerations for Nurse Leaders

A recent report on the nursing workforce revealed a projected shortage of 510,394 registered nurses by 2030 (Zhang et al., 2018). Researchers cite stress and burnout, enrollment and training barriers, ineffective policies and poor planning as factors contributing to the nursing shortage (Tamata & Mohammadnezhad, 2022).

An academic-practice partnership is a collaboration shown to prepare nurses for future practice, enhance community engagement and improve access to care (Markaki et al., 2021). These partnerships can be used as a tool to address the nursing shortage.

Types of Academic-Practice Partnerships

Apprenticeships: A nurse apprentice is employed by the facility and prepared for future practice by working alongside an experienced nurse to gain clinical experience (Alabama Community College System, 2022). Paid positions are determined by the health care facility and the availability of financial resources.

Unpaid Partnerships: Students are not employed and participate as part of the clinical training. (Spector et al., 2021).

Academic-Practice Partnerships with Community Centers: Partnerships with community health organizations providing students with practical experience in public and community health courses such as rural settings (Spector et al., 2021).

Benefits of Academic-Practice Partnerships

The AACN describes an academic-practice partnership as a formal and intentional relationship between a nursing education program and a practice setting for improving public health and advancing nursing practice. Some clinicians and nurse executives believe academic-practice partnerships are associated with reduced hospitalization lengths, increased patient satisfaction, reduction in complications and patient recovery (Gursoy, 2020). Advanced practice student nurses visible in the community through an academic-practice partnership has been linked to increased student enrollment (Karikari-Martin et al., 2021).

Through academic-practice programs, nursing faculty convey their practical and theoretical knowledge into the classroom (Gursoy, 2020). An exemplar from a COVID epicenter showed an established academic-practice partnership enabled nursing students to quickly help address the tremendous needs of patients and nurses during the crisis (Honig et al., 2012).

Opportunities for Nurse Leaders

- Identify potential partners such as academic institutions, health care organizations and community organizations.
- Develop formal collaborative relationships with the leaders at different levels of the organizations.
- Implement a joint advisory council with representatives from partner organizations.
- Collaboratively develop a shared vision, goals and indicators of success.
- Use the AONL Guiding Principles for Academic-Practice Partnerships and AACN Guiding Principles for Academic Partnerships as a framework.
- Consider the financial resources needed by the practice setting and educational organization and the return on investment for the partnership.
- Use the AACN Academic–Practice Outcome Matrix to evaluate program outcomes.

Assessment

Relationships between health care systems and academia range from an informal collaboration, to affiliate agreements, to a true academic-practice partnership. The goal of an academic-practice partnership is to strengthen the workforce by establishing pipelines of qualified nurses through education and clinical preparedness.

According to an integrative review by Bvumbwe (2016), mutual and shared goals, evidenced-based practice, resource sharing, collaboration and stakeholder communication are benefits of strong academic-practice partnerships. In order to determine the status of an existing or proposed relationship, potential partners need to complete an assessment looking at the current state, determine and engage key stakeholders, define mutual goals, establish metrics of success and outcome measures, develop an action plan and determine the evaluation period.

Affiliate agreements may be somewhat simple and establish the expectation for the health care system to provide clinical practice sites for the academic program. Furthering the relationship requires leadership dedication, work and a time commitment. As the relationship matures, the expertise of both sides will be leveraged to make improvements and strengthen academics and clinical practice. For example, faculty may make changes to curriculum based on feedback from the clinical team regarding student preparedness and performance. Meanwhile, clinical settings may integrate faculty to guide and nurture evidence-based practice and clinical inquiry. This may be accomplished through the incorporation of faculty into the professional governance structure to guide projects and develop evidence. A solid partnership will not only share goals but will have shared responsibility and accountability for outcomes. It may include financial support for faculty appointments and programs that will be mutually beneficial. A solid academic-practice partnership will have a return on investment for nurses in their practice and the profession of nursing.

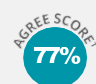
Findings from AONL National Survey – Remesh

When asked, nurse leaders stated two key strategies to improve the nurse workforce:

- Strengthen academic partnerships and community outreach, including high schools, to build and maintain an external nursing talent pipeline.
- Develop robust externship, nurse residency and onboarding programs with supporting elements, such as mentors and preceptors to accelerate the practice readiness of new nurses.

When asked what best practices or innovations were successful for strengthening the nurse workforce, nurse leaders most often stated that increasing the practice readiness and quality of nurses in the pipeline was necessary (see Figure 2).

Figure 1: Improving the Practice Readiness and Onboarding

Increasing the practice readiness of nurses as they transition from students to novice nurses	**Increasing the quantity** of nurses in the pipeline
❑ **Mentorship Programs** ❑ **Nurse Residency Programs** ❑ **Preceptors** ❑ **Robust Onboarding & Orientation** ❑ **Externships**	#1 MOST COMMON RESPONSE ❑ **Academic Partnerships:** formalize relationships with local nursing schools and universities, including acting as clinical faculty ❑ **Community Outreach:** work with communities and high schools to engage a younger audience in nursing careers
"**Residency programs. Strong orientation** also helps - but that starts with having **effective preceptors and strong nurse educators**."	"**Collaboration with local universities** - recruit students into the profession.... not just recruiting nurses to your organization." 

Innovation Synopsis, Wrap-Up Summary, Sustainability

Academic and clinical partners can benefit from academic-practice partnerships by clearly articulating and mutually determining the goals, including improvements in training and hiring the next workforce generation, improving training opportunities and expanding the breadth and quality of clinical research. Effective academic-practice partnerships take time to build and refine. While successful academic-practice partnerships vary, there are numerous examples of benefits from collaborative academic-clinical relationships. These include opportunities to leverage resources from academia and clinical sites and ensuring the sustainability of these partnerships. Most importantly, through these collaborations, academic-practice partners can improve the practice readiness of new nurses, improve clinical outcomes and reduce health care costs.

Exemplars by Geographical Location

WEST

USC VERDUGO HILLS HOSPITAL (GLENDALE, CALIF.)

USC Verdugo Hills Hospital partnered with select local nursing programs to provide on-site clinical experiences providing a recruiting pipeline from the academic institutions who participated in the partnership. Specialty training programs were highlighted, focusing specifically on surgical services. For example, the universities provided AORN 101 content in a simulation environment and the hospital mirrored content in clinical experiences through its surgical suites. Within this partnership, students were eligible for $10,000 in tuition reimbursement for BSN and MSN programs. The partnership also funded a simulation manikin to the university and nursing-related scholarships. **Outcomes** – The program provided high-quality academic didactic support through simulation, complemented by 1:1 clinical preceptorship at the hospital. It proved to be an economical way to support multiple academic institutions with a small number of student nurses interested in surgical services. It also increased preparedness for student nurses to practice independently. Contact Theresa Murphy at theresa.murphy@med.usc.edu.

MIDWEST

BARNES-JEWISH COLLEGE (ST. LOUIS)

Shortly after announcing its ability to offer full-ride scholarships to pre-licensure nursing students, Barnes-Jewish College Goldfarb School of Nursing received an additional 150 applicants for enrollment into its upcoming term. The scholarship, sponsored by BJC Healthcare, is structured as a forgivable loan upon completion of a three-year work commitment. Scholarship recipients, who qualify based on financial, diversity and merit criteria, receive career opportunities at one of BJC HealthCare's 14 hospitals after graduation. The scholarship holds mutual benefit to students, the college and BJC HealthCare, and is a valuable resource to stabilize the nursing workforce. It enables students to access excellent education and career opportunities; it supports Goldfarb's strategic goal of fostering an exceptional, diverse, high-potential, resilient student body; and it strengthens BJC's access to a diverse, prepared, proactive nursing workforce. **Outcomes** – Barnes-Jewish College and BJC's ongoing collaboration ensures that the scholarship continues to be financially beneficial, operationally manageable, marketable and equitable for all partners. To date, 90 full-ride scholarships have been awarded, with additional scholarships slated for the future. While the scholarship is intended for incoming students, five students received it during their final academic term. The five students are currently working in roles in different units at St. Louis Children's Hospital and Barnes-Jewish Hospital in intensive care, oncology, cardiothoracic care and the pregnancy assessment center. Contact Angela Clark at angela.clark@barnesjewishcollege.edu.

CHAMBERLAIN UNIVERSITY (CHICAGO)

In partnership with Association of periOperative Registered Nurses, Chamberlain University's Introduction to Perioperative Nursing Program is a workforce preparedness initiative addressing critical shortages of perioperative nurses. The founding employer partners include Loyola Medicine, Ochsner Health and Emory Healthcare. Additional partners include Advocate Health, MedStar and Children's National. The program comprises a 16- week online training module in perioperative nursing with content developed by AORN and available through Chamberlain University. Modules are one hour per week, approximately 45 minutes to one hour for completion. Designed in alignment with perioperative industry-specific competencies identified by AORN, it is a non-credit program offered at no additional cost to student nurses enrolled through Chamberlain University's BSN program. Completion of this program provides a specialty badge micro-credential. Program completion and passing the final exam are required. Clinical placements are determined based on preceptor availability at partner locations. **Outcomes** – A three-year grant of $1.2 million was awarded to Chamberlain University from the American Nurses Foundation. The program offers student nurses a pathway to enter the workplace with a clear understanding of perioperative nursing aligned with clinical experience. Students also receive a free, one-year AORN student membership upon enrollment. The original goal was a minimum of 100 student nurses in each cohort, with over 300 student nurses per year. In January 2022, five additional campuses participated, increasing the opportunity for 100 additional student nurses to participate. In May 2022, another three campuses joined, increasing enrollment opportunities by another 240 student nurses. In September 2022, three more campuses were added, increasing the number by 230 student nurses. By the end of 2023, the goal is for the perioperative program to be offered by all Chamberlain University campuses. Contact Danika Bowen at danikabowen@chamberlain.edu.

GUNDERSEN HEALTH SYSTEM (LA CROSSE, WIS.)

In January 2021, Gundersen Health System created a team to interview hundreds of front-line staff to understand turnover and retention. Acting on the information gained from these interviews, "people first" became the priority. Two teams were built to address recruitment and retention. **Outcomes** – The teams created trainee models for medical assistants (MAs), certified nursing assistants (CNAs) and unlicensed patient attendants in partnership with local academic schools to assist with non-clinical tasks for the inpatient setting. The teams assessed the need for flexible scheduling and shorter working requirements, focusing on eliminating on-call support. Leveraging video technology for sitter needs also was incorporated. Contact Christina Flisram at cmflisra@gundersenhealth.org.

UNIVERSITY OF IOWA (IOWA CITY)

The University of Iowa College of Nursing and the University of Iowa Hospitals & Clinics partnered to create a program focused on developing future nurse leaders. The Young Nurse Leader program highlighted pre-licensure student nurses interested in nursing leadership as a career pathway. An application process was established, with a small cohort of student nurses selected. The program provided students with 1:1 mentorship, didactic content and monthly small group engagement opportunities. Educational content focused on leadership styles and concepts, leadership theories, professional identity, budget and finance, implementation science, healthy work environments, coaching for values and innovative care delivery models, all in the context of real-life application. **Outcomes** – Six undergraduate students, through two cohorts, completed the program. Students said nurse leader mentorship and didactic content aided in their leadership vison and professional identity. Nurse leaders facilitating mentorship roles expressed personal satisfaction in giving back to aspiring nurse leaders. Contact Dan Lose at daniel-lose@uiowa.edu.

THE OHIO STATE UNIVERSITY (COLUMBUS)

The James Comprehensive Cancer Center at The Ohio State University Wexner Medical Center hosted a five-day evidence-based practice program for nursing and interprofessional leaders, offered by the Helene Fuld National Institute for Evidence-Based Practice in Nursing and Healthcare. This program consisted of two cohorts and 40 hours of experiential and research-based learning promoting EBP process, strategies for implementing EBP and resources to guide, create and sustain infrastructures to support EBP in health systems. The goal was to address the Quintuple Aim in health care: improving patient experience, improving population outcomes, reducing costs, increasing the well-being of providers through empowerment, and addressing diversity, equity and inclusion. The Fuld Institute is an international hub for teaching and disseminating best practices in EBP to improve health care quality, safety and patient outcomes. The Fuld Institute, in collaboration with EBP leaders at the James Comprehensive Cancer Center, conducted a randomized controlled trial to evaluate the results of the immersion program with the two cohorts of nursing and interprofessional leaders. **Outcomes** – A two-cohort, one-year randomized control trial culminated in supporting findings that align with EBP initiatives woven into each participant's clinical setting. The study found that both cohort leaders improved EBP knowledge, competencies, beliefs, implementation and self-efficacy. Contact Bernadette Melnyk at melnyk.15@osu.edu.

SOUTHEAST

UNIVERSITY OF ALABAMA AT BIRMINGHAM (BIRMINGHAM, ALA.)

In 2016, the University of Alabama School of Nursing and the Department of Nursing at University of Alabama Medicine partnership was established to strengthen nursing education and improve health across the region and state. The goal is multifaceted: to develop a refined executive leadership structure responsible for designing and implementing partnerships, align goals with organizational and health care pillars, and create an infrastructure for data-driven, programmatic evaluation of clinical and operational outcomes. The partnership is based on a shared mission, vision, and values creating a common language and goals for professional practice. The partnership leaders created an annually reviewed strategic plan, which establishes standards and aims for student engagement, clinical and educational programmatic development, nursing excellence with Magnet® and national rankings and quality improvement with clinical, operational and financial outcomes across the academic, practice and research missions. **Outcomes** – The partnership established growth in educational programs and improved clinical, operational and financial outcomes. An evaluation template was developed, serving as a blueprint for evaluation metrics by operationally defining measures according to defined strategic priority pillars. Outcomes are translated annually into an infographic used across the organization for communication and dissemination. In fiscal year 2021, the medical center employed approximately 50% of the University of Alabama's BSN graduates; 24 faculty practices aligned for approximately $467,000 in reimbursement support; 102 University of Alabama School of Nursing staff appointments were made, totaling approximately $1 million. In addition; faculty research received more than $7 million and 42 partnership dissemination activities took place. Also in fiscal year 2021, the medical center had nine U.S. News and World Report ranked programs; ranked number six in NIH ranking for funding; received its fifth consecutive Magnet® designation; saw 54 DNP projects completed with a health system focus; had greater than $5 million in cost avoidance for nurse-led clinics; saw greater than 70% sustained reduction in HAPI from its 2018 baseline; and had student- and faculty-supported pandemic care teams. Contact Shea Polancich at spolancich@uabmc.edu.

PHOEBE PUTNEY MEMORIAL HOSPITAL (ALBANY, GA.)

Phoebe Putney Health System developed partnerships with secondary and post-secondary academic institutions to address the nursing faculty shortage. Each partnership is unique, including career exploration for middle and high school students, funding of part-time classroom and clinical instructors, funding of full-time faculty positions and success coaches and developing health care pathways for MAs, CNAs and licensed practical nurses (LPNs) beginning in high school. Most recently, Phoebe Putney Memorial Hospital invested $35 million in creating a Living and Learning Community for student nurses, new graduate nurses and early career nursing professionals. **Outcomes** – The projected number of new nurse hires between 2023 and 2030 is 1,519. The monetary investment is supported by eliminating 125 contract nurses within one year of hiring 125 new graduate nurses. These partnerships create long-term nursing pipeline expansions to ensure enhanced nurse retention via community integration. Phoebe Putney Health System first year turnover by year: 29.3% (2018); 22.5% (2019); 31.9% (2020); 14.5% (2021). Contact Tracy Suber at tsuber@phoebehealth.com.

NORTON HEALTHCARE (LOUISVILLE, KY.)

In 2016, Norton Healthcare developed an employment model that intentionally invested in the student nurse. While in development, the Kentucky Department of Labor asked to partner with Norton Healthcare, opening a new apprenticeship pathway for health care. The Student Nurse Apprenticeship Program was built to support the accredited ADN and BSN student nurse, focusing on 1:1 RN pairings in acute care to immerse and increase a student nurse's readiness for RN practice. SNAP is a 12- to 18-month program divided into three tiers: culture, clinical and confidence, with each tier serving a specific readiness for RN practice purposes. Student nurses are competitively paid for their time in SNAP, completing between 330-390 program hours. Six service lines are supported: critical care, emergency services, inpatient specialty, obstetrics, pediatrics and surgical services. There is no working contract or required commitment to Norton Healthcare post-SNAP graduation. **Outcomes** – SNAP became Kentucky's first pre-licensure nursing registered apprenticeship program, and the first of its kind in the United States. In 2017, Cohort 1 of SNAP welcomed 130 student nurses into the program. Since 2017, over 1,000 student nurses have accepted employment through SNAP, with Cohort 7 beginning in January 2023. SNAP graduates retained at Norton Healthcare RN is at 90%, with 6% relocating out of the working area and 4% to an outside organization. Continued retention of SNAP graduates remains, with first-year RN to second-year RN at 92%. SNAP graduates average two weeks less of new graduate RN orientation time. Over 22 accredited ADN and BSN academic institutions are represented in SNAP, locally and across the country. Student ages range between 20-41, with representation from over 130 zip codes and six ethnicities. Academic institutions use the SNAP objectives to align with course and clinical credit. The Health Professional Education in Patient Safety Survey (H-PEPSS) tool is used, with statistically significant responses related to SNAP graduates having higher perceived self-confidence in patient safety compared to non-SNAP new graduate nurses. Through SNAP, Norton Healthcare has avoided over $33 million due to RN retention. During the COVID-19 pandemic, SNAP student nurses completed an additional 16,300 hours in response to Norton Healthcare's patient care needs. A SNAP infographic is used to aid in disseminating the program's metrics. Norton Healthcare's financial assistance and career coaching also are available to SNAP employees. In conjunction with SNAP's success, Norton Healthcare's Institute for Education and Development was awarded its third consecutive designation as a National League of Nursing (NLN) Center of Excellence for Creating Workplace Environments that Promote the Academic Progression of Nurses. Contact Brittany Burke at brittany.burke@nortonhealthcare.org.

UNIVERSITY OF KENTUCKY (LEXINGTON)

For more than 15 years, UK HealthCare and the University of Kentucky College of Nursing have had a robust academic clinical partnership. Shared goals of the collaboration include student nurse selection, the desire to expand class sizes and availability of clinical instruction, the hiring of nursing graduates into the health system and the creation of scholarly work within health care. In 2013, a seven-year formal partnership agreement was executed with the University of Kentucky and Norton Healthcare to prepare five cohorts of 20 to 30 RNs and advanced practice leaders. **Outcomes** – Partially funded collegiate clinical positions in the college and joint appointments for nursing leadership support the shared goals. Seven service-specific nurse scientist positions were created leading to 36 Institutional Review Board (IRB) approved or exempt clinical inquiry projects, 129 presentations at regional, national and international conferences and 29 publications. Faculty positions within the health system's professional governance councils, strategic planning and Magnet® teams promote evidence-based practice. Academia is further integrated into practice through a student nurse academic credit-based practicum, which has increased in number and expanded year-round. An accelerated path for LPNs to obtain their BSN also was developed. Recognition of exemplary faculty and clinical sites is celebrated during Nurses Week. The University of Kentucky and Norton Healthcare partnership yielded 99 DNP APRNs and 25 DNPs in Leadership. Select Norton Healthcare leaders held joint appointments, supporting the University of Kentucky DNP curriculum with onsite courses at the Norton Healthcare Learning Center, a University of Kentucky remote location. DNP projects aligned with Norton Healthcare's acute and primary care initiatives, while also creating a workforce development strategy. Contact Brandy Mathews at bgmath2@uky.edu.

VIRGINIA'S EARN WHILE YOU LEARN MODEL

This model of clinical education provides a framework designed to prepare practice-ready nurse graduates. The model, supported by a statewide coalition of academic and clinical leaders, the State Board of Nursing and employers, aims to address the critical demand for more nurses and bridges the gap between education and practice. The training program provides structured coursework and on-the-job training, plus full-time benefits while training to jumpstart their career. This apprenticeship-like model is being considered for other clinical roles, like surgical technologists, and other non-clinical roles. Teams within the state are starting to consider mentor models and opportunities for nursing assistants to join night and weekend shifts to better understand the differences before they graduate.

NORTHEAST

DARTMOUTH HITCHCOCK MEDICAL CENTER (LEBANON, N.H.)

The Workforce Readiness Institute is a key workforce strategy partnership between Dartmouth Hitchcock Medical Center and Colby-Sawyer College as a mechanism to develop talent to work in critical front-line roles. Training is offered for LPNs, MAs, surgical techs, pharmacy techs and ophthalmic assistants. The Workforce Readiness Institute includes opportunities for existing RNs to complete a BSN and an option for an accelerated nursing degree. For ongoing advancement, the development of the MSN degree includes three role options. A DNP degree is scheduled to launch in fall 2023. Other health-related programs at Colby-Sawyer College are developed and have associate, baccalaureate, and master's levels. Financial support and career guidance is offered to employees. **Outcomes** – Since 2014, over 1,000 people have trained through the Workforce Readiness Institute programs and joined the Dartmouth Hitchcock Medical Center team. Many of the graduates continue

in their career development path, with a final testing pass rate over 95%. From those who attend training, there is an increased desire for continued learning and career growth through internal programming. In nursing, most Colby-Sawyer College student nurses identify Dartmouth Hitchcock as their primary choice of employment, with a high percentage of BSN graduates joining the nurse residency program upon graduation. The first cohort of 20 accelerated BSN student nurses graduated in December 2022, with over 90% indicating they plan to join Dartmouth Hitchcock as a nurse. The majority of Dartmouth Hitchcock seasoned nurses identify Colby-Sawyer College as their school of choice when pursuing advanced nursing degrees. Contact Debra Hastings at debra.p.hastings@hitchcock.org.

NEW YORK-PRESBYTERIAN HOSPITAL (NEW YORK)

In 2014, New York-Presbyterian Hospital partnered with the Columbia University School of Nursing to advance nursing research to improve patient care outcomes. The partnership promotes scholarly inquiry by creating a pipeline of nurses pursuing advanced degrees. This partnership involves multi-level collaborative initiatives including jointly appointed nurse scientists designed to connect New York-Presbyterian staff nurses with PhD-prepared nurses through mentoring and coaching. A Master's in Advanced Clinical Management and Leadership was created to advance the education of BSN-prepared RNs, emphasizing care coordination and clinical leadership. Also available is the PEACE Model Deep Dive workshop and additional educational offerings for nurses, including Nursing Grand Rounds and the Annual Nursing Research Symposium. In addition, between April and June 2020, New York-Presbyterian Hospital and Columbia University School of Nursing created a program to support the high volume of patient needs resulting from the COVID-19 pandemic. During the summer, 80 senior pre-licensure student nurses were hired as nursing technicians throughout the hospital's multiple locations. In 2019, in another New York-Presbyterian Hospital partnership with Pace University, both parties worked together to design a concurrent three-credit elective course providing perioperative specialty content and simulation activities. Key hospital leaders participate in classroom sessions to engage students and provide a front-line nurse perspective on a career in perioperative nursing. At the end of the course, the New York-Presbyterian's recruitment team connects with the students to provide information on employment opportunities as a perioperative new graduate RN. **Outcomes** – The New York-Presbyterian Hospital and Columbia University School of Nursing academic-practice research fellowship is a two-year program aligning school of nursing faculty members with hospital nurses for research support and dissemination of findings through the Writing for Publication workshop. The PEACE Model is a published curriculum with 2,500 trainees in the Deep Dive workshop. From the partnership, there are 85 nurse-led studies. Formal, structured hospital-based research councils were established to include securing resources for nurses to conduct and lead both research studies and EBP projects. The Annual Parade of Posters is organized by the nursing evidence-based practice and research committees at New York-Presbyterian campuses. In 2020, the Columbia University School of Nursing was awarded the 2020 New Era Academic Nursing Award by the AACN. Regarding the summer student program, under the supervision of clinical nurse teams, student nurses assisted with patient care activities on all shifts. Faculty rounding and weekly seminars at the school provided additional of support as the students adjusted to their new roles. The Pace University partnership recognized 92 student nurses who completed the perioperative course. Contact Reynaldo Rivera at rrr9001@nyp.org.

Additional Resources

Academic-Practice Partnerships (aacnnursing.org)

Guiding Principles for Academic-Practice Partnerships | AONL

Carter, E. J., Cato, K. D., Rivera, R. R., Kulage, K. M., Liu, J., Vose, C., & Larson, E. (2020). Programmatic details and outcomes of an Academic-Practice Research Fellowship for clinical nurses. *Applied Nursing Research, 55,* 151296. https://doi.org/10.1016/j.apnr.2020.151296

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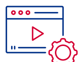
AACN'S ACADEMIC-PRACTICE PARTNERSHIP ON-DEMAND WEBINARS

- Innovative Primary Care Nursing Academic Practice Partnership
- IPE Exemplars to Improve Collaborative Practice for Population Health
- Seeking Inclusion Excellence by Understanding Microaggressions in Health Professions Students
- Crimson Care Collaborative - An Award Winning Interprofessional Academic-Practice Partnership
- Accreditation Guidance on Developing & Implementing IPE: Deep Dive -2019 HPAC-National Center Report
- Enabling IPE Through Health Communications & Health Technology
- Building Clinical Partnerships to Advance Interprofessional Education
- How an Innovative Academic-Practice Partnership is Improving Patient Outcomes
- Implementing IPE to Serve the Underserved
- Linking to Improve Nursing Knowledge
- Getting Beyond Engagement: The Marriage of Education and Practice
- Advancing Healthcare Transformation: The New Era Award – A Focus on Faculty Practice
- A New Era for Academic Nursing: From Concept to Action
- Academic-Practice Partnerships That Improved the Health of Populations
- Navigating the Pitfalls of DNP Projects Through an Academic-Practice Partnership

- Building Successful Academic-Practice Partnerships: The Arizona State University Experience
- Building Successful Academic-Practice Partnerships: The Stony Brook University Experience
- Building Successful Academic-Practice Partnerships: UAB and Birmingham VA Medical Center
- Academic Progression for the Diversity of the Nursing Workforce: Examples from RWJF's APIN Program
- Academic Practice Partnerships: Linking the Best of Both Worlds
- Iowa Academic-Practice Collaborative: Creative Partnership Strengths
- Maximizing Nursing Education and Healthcare Impact through Innovative Academic-Practice Partnerships
- Leveraging Community Partnerships to Support School Based Health Care
- Academic-Practice Partnerships in Action



PRESENTATION SLIDES FROM OTHER AACN'S ACADEMIC-PRACTICE PARTNERSHIP WEBINARS:

- Academic-Service Partnerships: Efficiency and Efficacy Between Organizations
- A Twelve-Year Look Back: The University of Pennsylvania Nursing Academic-Practice Partnership
- Linking Education and Practice for Excellence in Public Health Nursing
- Academic Practice Partnerships: Building Bridges to Care for Veterans
- Harnessing the Power of Community Partners to Change Practice
- The Indiana University Nursing Learning Partnership
- APIN: Academic-Practice Partnerships in Action
- The Clinical Excellence Initiative
- Building Academic-Practice Partnerships: The Rush University GNE Model
- Academic-Practice Partnerships: If Not Now...When?
- The Importance of Academic-Practice Partnership

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CHAPTER 6

Culture of Inquiry

Creating a culture where leadership thrives within and across systems must be a deliberate commitment from all levels of nursing leadership and the c-suite. A method for creating a culture to thrive is developing a culture of inquiry. A culture of inquiry strengthens nursing practice while enhancing safety, quality and the patient care experience by combining the best available evidence with clinical expertise (Christiansen, 2016; Joseph, 2019). When nurse leaders provide strategic support and a favorable climate for organizational learning to thrive, they reinforce the value of evidence-based practice and foster the cultural transformation necessary to achieve practice innovation and generate workforce solutions (Osborne & Gardner, 2015). The chief nurse executive sets the tone and the social and psychological context, which cascades to directors, managers and direct care nurses.

The AONL Culture of Inquiry subcommittee developed recommendations to assist nurse leaders in cultivating and supporting a culture of inquiry, which is the foundation of nursing and leadership practice. The subcommittee defined a culture of inquiry as a workplace custom fostering inquisitiveness through social and structural processes to stimulate and nurture communication, belonging, questioning, psychological safety, use of evidence, learning and innovation. Inquisitiveness is a motivational attribute to engage in sincere questioning (Watson, 2015). Without this asset, a person may become apathetic and disengaged (Morgan, 1998). Inquisitiveness is sometimes termed curiosity and has been linked to adaptability, thinking more deeply and rationally about decisions and producing more creative solutions.

Nurse leaders who demonstrate or encourage inquisitiveness gain more respect from their teams and inspire employees to develop more trusting and collaborative relationships with colleagues. The most effective nurse leaders look for ways to nurture their employees' curiosity to fuel commitment, regardless of the priority or organizational focus (Saile & Schiecher, 2012). Tsai (2011) described organizational culture as the beliefs and values that exist in an organization, the beliefs of the workforce and the inherent value of employee work that will influence their attitudes and behavior.

Key Findings From AONL Research

To better understand how nurse leaders can thrive by promoting a culture of inquiry and make recommendations to foster this culture, the subcommittee asked three questions in the Deloitte focus group and survey (2022). Findings from these questions are presented below.

Figure 1: In what situation or circumstances would you or another leader feel comfortable taking a risk (in the context of change) and why?

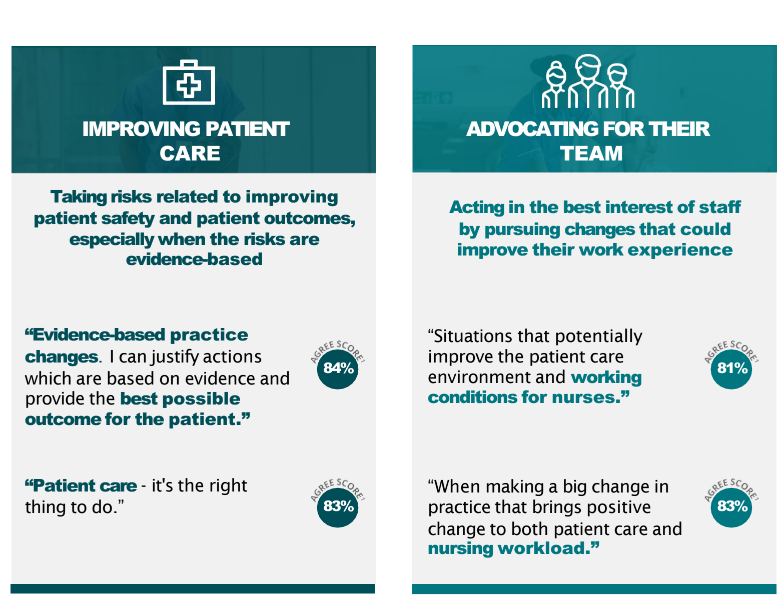
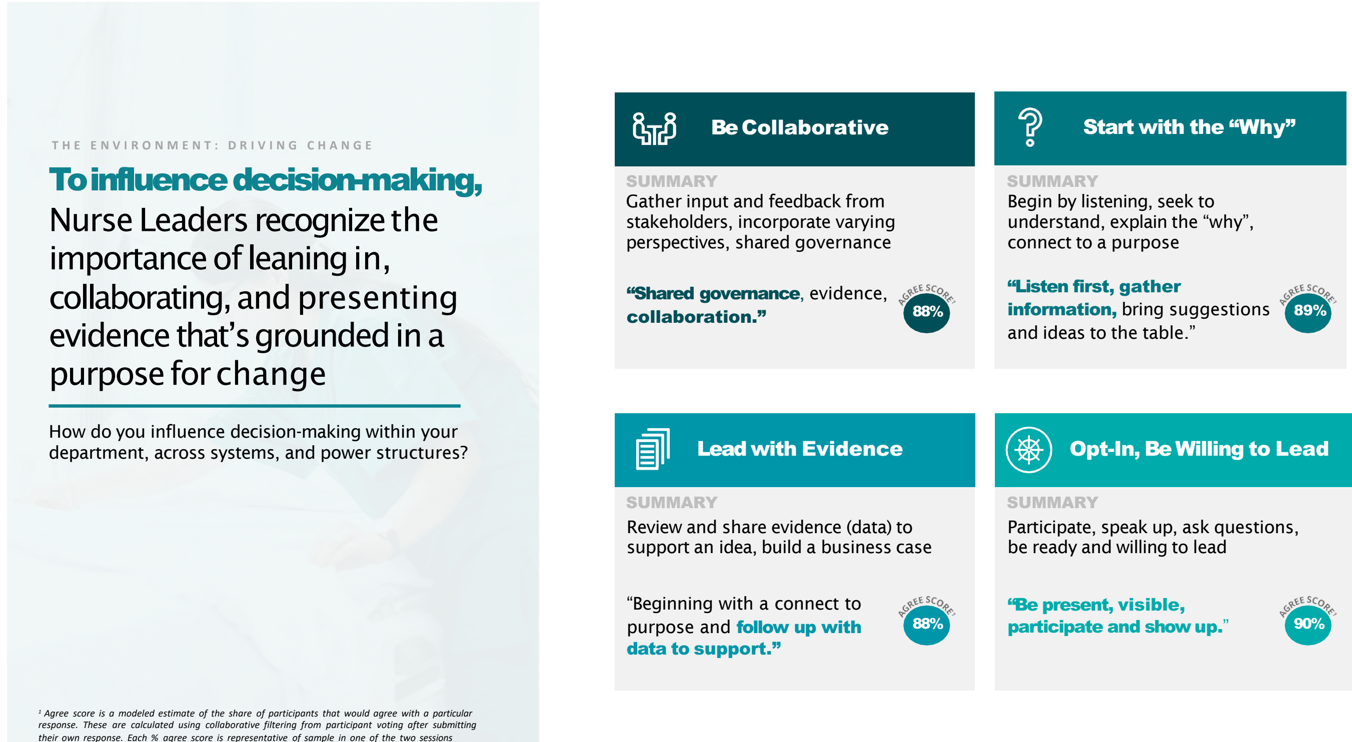


Figure 2: What type of support and tool(s) would you need to question more and challenge the status quo or innovate?

Figure 3: How do you influence decision-making within your department across systems and power structures?



The following are additional findings from the Deloitte study (2022):

- Culture: 49% of nurse leaders reported culture as being very important for change.
- Driving and influencing change: 90% of nurse leaders reported motivation to influence and drive change when responses for motivated and very motivated scores were combined.
- Sharing ideas and concerns: 84% of nurse leaders reported feeling comfortable with idea and concern sharing when responses for agree and strongly agree were combined.

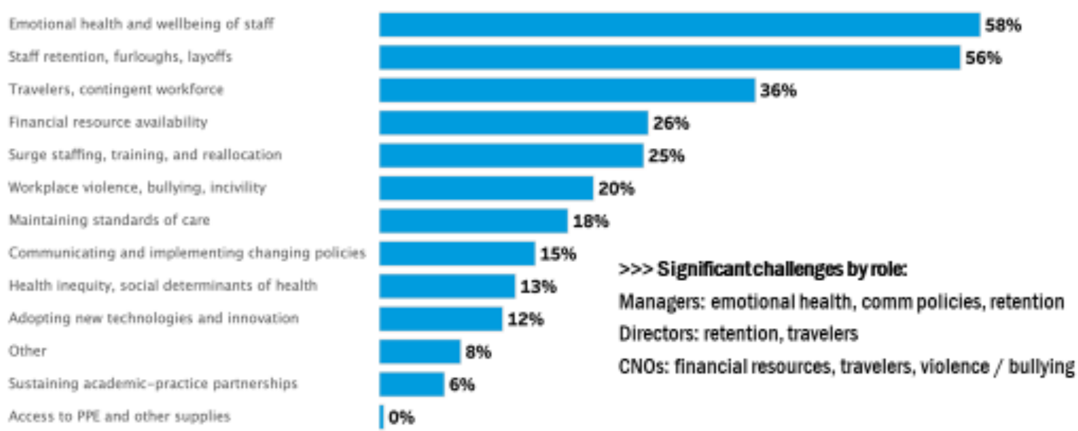
When asked what type of resources were needed to stimulate a culture of inquiry, nurse leaders reported:

- A formalized platform to present innovative ideas to executive leadership
- Access to adequate evidence
- Encouragement from executive leadership
- A culture that embraces risk-taking and innovation

The common themes derived this study were related to communication and bolstering workforce commitment to implementing new processes, standards, policies and innovations. The study also identified the need for executive leaders to prioritize a culture of innovation and transform the status quo.

In the AONL Foundation's Longitudinal Nursing Insight Study (2022), nurse leaders reported multiple challenges, including maintaining the standard of care, communicating and implementing new policies and adopting new technologies and innovations.

Figure 4: Top challenges identified by nurse leaders



Common themes from this study were the increased need for innovations to manage current challenges, as well as communicating, adopting and sustaining protocols and innovations. The findings from both the Deloitte and Longitudinal studies support the need to foster a culture of inquiry.

Importance of Nurse Leader Values and Communication Style

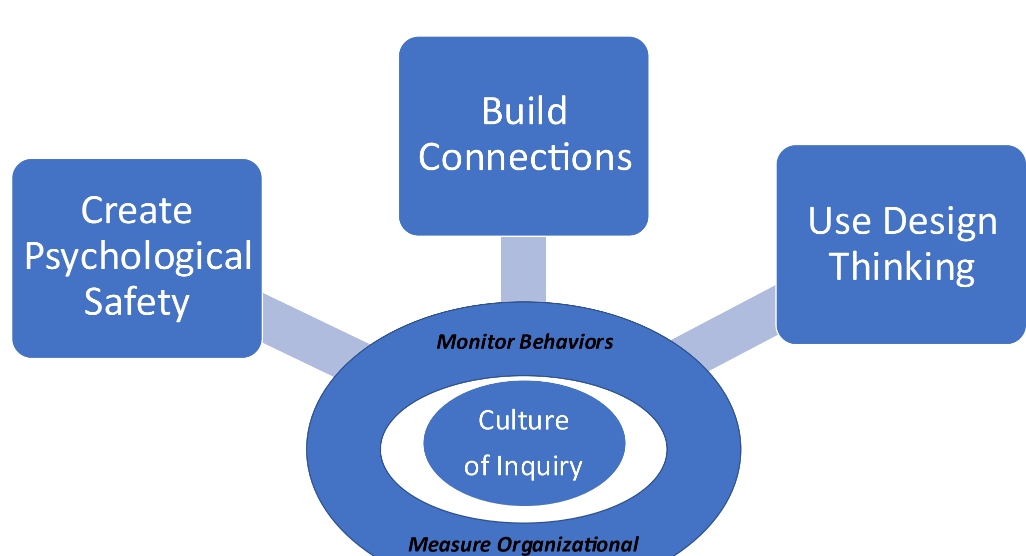
A leader's values bridge the intent and purpose of their communications. According to Raso (2020), leading with your values demonstrates how you express or share your values, using your values to explain the rationale or the "why" for decisions or actions, and "living" those behaviors. Hence the phrase, "walk the talk." By using highly relational spoken word, a leader impacts the employee's psychological state. These psychological states are expressed with distinctly positive or negative outcomes for the follower, leader, organization and its stakeholders and customers (Mayfield & Mayfield, 2014). To positively impact the follower and organization, leaders use motivational language consisting of three facets of communication: direction-giving, empathetic, and meaning-making (Mayfield & Mayfield, 2021).

Behaviors in direction-giving language include performance feedback, autonomy and resources, whereas empathetic language includes experiences, politeness and removal of barriers. Behaviors in meaning-making language include purpose, storytelling, innovation and guidance. Motivational language fosters a positive emotional culture of joy, companionate love, pride and gratitude, in turn enhancing an employees' identification with the organization and perceived cultural fit (Mayfield & Mayfield, 2022; Yue, Men & Ferguson, 2021).

A culture of inquiry will elevate nursing leadership's ability to challenge the status quo, ensure organizational adoption of new processes, services and innovations, and improve communication, commitment and organizational performance (AONL, 2022). All levels of leadership should focus on enabling inquisitiveness through social and structural processes that stimulate and nurture effective communication, belonging, questioning, psychological safety, use of evidence, learning and innovation. Nurse leaders may sustain a culture of inquiry by creating environments that engender psychological safety, build connections and use design thinking procedures (see Figure 1).

To ensure that nurse leaders are thriving, these combined approaches will require periodic self-assessments for behavior changes and organizational measures to evaluate the impact of ongoing improvements.

Figure 5: Framework to Foster a Culture of Inquiry



Key Definitions, Tools and Resources

Create Psychological Safety

Psychological safety within a team is defined as "a shared belief that team members will not be rejected or embarrassed for speaking up with their ideas, questions, and concerns" (Bresman & Edmonson, 2022). Psychological safety directly relates to workplace productivity, team innovations and promotes feelings of inclusion, trust and belonging. The nurse leader is an important differentiator of psychological safety at the team level and the behaviors exhibited within the team. In a volatile, uncertain, complex and ambiguous health care environment, it is imperative nurse leaders create a safe space to learn, where team members can contribute to the success of an organization and are supported (Brown, 2021). When a person's psychological safety deteriorates or is compromised, there is a fear of retaliation, damaged integrity, stagnated creativity and repressed ideas. A disrespectful interaction can result in a "disproportionately toxic impact on engagement and belonging" (Gube & Hennelly, 2022). Psychological safety is a fundamental human driver for motivation and is supported within Maslow's Hierarchy of Needs beginning with a desire for security and safety, belongingness and esteem/accomplishments attainment. Psychological safety is essential to promulgate integrity, innovation and inclusion. It is the foundation for organizational resilience (Gube & Hennelly, 2022).

Goal: Nursing leaders create psychologically safe environments were voices are heard and people are empowered by:

1. Communicating with civility and transparency and ensuring receptivity to feedback; leaders empower confidence by encouraging and engaging in honest and nonjudgmental conversations. Align words with actions.
2. Ensuring clarity about expectations for ethical decision-making and integrity; taciturn and vague expectations can have consequences.
3. Personally support and invest in diversity, equity, inclusion and belonging – how do team members' bridge expertise and background boundaries by sharing ideas and asking key questions? Frame differences as a source of value.
4. Structuring meetings to include a specific goal for information sharing; inviting diverse perspectives into the conversation, listening and repeating back the idea to ensure the authenticity of communication.
5. Utilizing inquiry to contribute ideas; open-ended and shared ownership questions reduce barriers.
   Examples:
   a. What do you hear about "X"?
   b. How can I help?
   c. What did I do to put you into this challenging situation?

Motivational Language (Mayfield & Mayfield, 2022):

Motivational Language Theory is a leadership communication model designed to improve leader-to-employee conversation, derived from management, social science and communication theory. It incorporates direction-giving, empathetic and meaning-making language and assists to drive organizational well-being and to improve employee performance, retention, and job satisfaction.

- Direction-giving language: goals based on a vision, how to carry out and expected rewards.
- Empathetic language: concern for well-being
- Meaning-making language: use of cultural values, storytelling, how "we make sense of relationships and life events."

6. Devising a process for team members to have a safe route to raise concerns and know how to access and use it.
7. Promoting teamwork using tools such as TeamSTEPPS and CREW Resource Management; encouraging out-of-the-box thinking.
8. Using motivational language, direction-giving language, empathetic language, and meaning-making language to motivate and change behaviors and cultivate an environment of inclusion.
9. Allowing opportunities for risk-taking and learning from failure, without fear, judgment or adverse consequences.
10. Providing consistent access to information, support, resources, structural empowerment and opportunities to advance front-line nurse leaders and nurses.
11. Investing in evidence-based data, nationally standardized tools and nursing databases to show the value and financial impact of nursing.
12. Monitoring progress with validated survey tools and measures that evaluate engagement, integrity and organizational culture; devise and implement a roadmap for improvements and transformation.

Tools to Monitor Behaviors

- **Self-Assessment Tool: Value-Based Decision-Making.** This tool is for all levels of nursing leadership as a reminder to use values in their decision-making. The four values include: 1) values of integrity, 2) value of diversity, and inclusion, 3) value of lifelong learning, and 4) value of the entire leadership team. Most importantly, you can use this self-assessment to reflect and monitor how you use these values in decision-making and understand how to change in future interactions. (See Appendix B)
- **The Safety Organizing Scale: Development and Validation of a Behavioral Measure of Safety Culture in Hospital Nursing Units**
- **AHRQ - Team STEPPS**
- **Self-Assessment Tool: Values-Based Decision-Making.** Reminds all levels of nursing leadership to use values in their decision-making. The four values include: integrity, diversity, inclusion and lifelong learning. Most importantly, you can use this self-assessment to reflect and monitor how you use these values in decision-making and how to change in future interactions. (See Appendix B).
- **The Integrated, Outcomes-Predictive, Culture and Engagement Survey for Everyone (SCORE).** Measures employee culture, wellness and engagement in one integrated survey.
- **Kouzes and Posner's book, The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations.** This 2017 book highlights five best practices to make extraordinary things happen through employees by modeling the way, inspiring a shared vision, challenging the process, enabling others to act and encouraging the heart.

Methods for Team Coordination and Training

- **Crew Resource Management Training.** Crew resource management has become a popular umbrella term to increase patient safety by considering the role that human factors play in health care delivery. Team STEPPS is a common program with proven outcomes, demonstrating how to successfully integrate communication and teamwork into a health care system. Topics and content generally used in crew management training include communication, situational awareness, leadership, teamwork, decision-making, briefing, error management, workload management, closed loop communication, SBAR, stress management, re-evaluation, speaking up and red flags.
- **University of Virginia's Darden School of Business Curriculum and Book: Giving Voice to Values.** The authors discuss that most of us already want to act on our values, but also want to feel that we have a reasonable chance of doing so successfully. What if I were going to act on my values? What would I say and do? How could I be most effective?
- **How Leaders and Leadership can increase psychological safety.** The Center for Creative Leadership**.**

Resources

Gross, B., Rusin, L., Kiesewetter, J., Zottmann, J., Fischer, M., Pruckner, S., & Zech, A. (2019). Crew resource management training: a systematic review of intervention, design, training conditions, and evaluation. *BMJ Open, 9*(2). https://doi.org/10.1136/bmjopen-2018-025247

Kouzes, J. M., & Posner, B. Z. (2017). The leadership challenge: How to make extraordinary things happen in organizations (6th edition). John Wiley and Sons.

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Building Connections

Connection building is foundational in a leadership role. A connection or point of contact can have many characteristics in a leader-to-employee relationship. It might be a leader's voice in a nurse's ear, a pat on the back or an annoying phone call. However, repeated connections between people may emerge into a relationship (Rosenblatt, 2010). Listening, affirmation, eye contact and sincerity create trust, respect and valuing the other person (Huber & Joseph, 2022). Kanter's theory on structural empowerment identifies the key aspects of a professional work environment supported by leaders are access to information, resources, support, and the opportunity to learn and develop (1993).

Goal: Nursing leadership creates work environments to foster relationships.

1. Use verbal, physical, leadership and organizational affirmations to recognize each other.
2. Make decisions grounded in your professional and organizational core values.
3. Foster trust using character, communication and capability.
4. Be transparent while communicating – own any shortcomings to demonstrate you are human – this helps employees to trust leaders, and they are more apt to help to provide realistic feedback and problem-solve.
5. Develop a repository to log leaders' strengths, goals and preferred types of recognition.
6. As you engage in connections, learn what is important to employees and what they care about.
7. Use a storytelling framework to incorporate meaning into the conversation.
8. Create formal recognition programs using primary drivers, support structures and processes.
9. Use the Donabedian framework to build one's case for communicating.
10. Create social opportunities to celebrate the entire team.
11. Carve out uninterrupted time to connect with employees; executive leaders and the C-suite should demonstrate encouragement and consistently support listening tours that allow employees to "be heard."

Rebuild a Foundation of Trust

1. Invest in basic human needs
2. Understand the needs of all individuals
3. Intensify human connection
4. Create open spaces for listening
5. Begin the healing process
6. Move from transactional to relational communication
7. Invite thoughtful input
8. Transform the current narrative
9. Dissolve silos
10. Commit to transforming the human experience in healthcare
11. Elevate nurse leadership

Rushton et al., (2021)

Tools to Monitor Behaviors/Measures/Surveys

1. **Motivational Language Self-Assessment Tool** - Developing competency with motivational language can improve employee outcomes of retention, motivation and behavior change. This self-assessment tool allows all levels of leadership to reflect on their use of motivational language during employee interactions. This tool can also be used as an organizational survey. The organizational survey is available for public use and it has high reliability and validity (Mayfield & Mayfield, 2017).
2. **AONL Nurse Leader Competency Assessment Tool** – The AONL Nurse Leader competencies can be used to reflect on your leadership performance and outlines leadership development opportunities. These competencies include knowledge of the health care environment and clinical principles, leadership, professionalism, business skills and principles, and the leader within.
3. **Perceived Authentic Nurse Leadership Tool** – The Authentic Nurse Leadership Questionnaire (ANLQ) is a validated instrument for nurse leaders and to measure nurse leaders' tendency to produce socially desirable responses, as measured by the Index of Social Desirability. The tool measures whether a person answers questions honestly; it is a measure of person integrity, a key attribute of the transparency component of ANLQ.
4. **Code of Ethics for Nurses | ANA Enterprise (nursingworld.org)** - A statement of the ethical obligations and duties of every individual who enters the nursing profession and should not be negotiable.
5. **IHI Framework for Improving Joy in the Workplace** - Identifying, understanding and leveraging all assets that can be brought to bear within the health care environment, joy in our work should be one of health care's greatest assets and system priorities. The four steps to enable joy are: a) ask staff what matters most, b) identify unique impediments to joy in work in the local contexts, c) commit to a systems approach to making joy in work a shared responsibility at all levels of the organization, and d) use improvement science to test approaches to improving joy in work in your organization. The nine strategies to foster joy at the individual, manager and senior levels include physical and psychological safety, meaning and purpose, choice and autonomy, camaraderie, teamwork, participative management, daily improvement, wellness and resilience and real-time measurement. The framework can be used and tested in your organization.
6. **C-Suite Roles and Competencies to Support a Culture of Shared/Professional Governance** - Modeling empowerment by the C-suite executives enables alignment between councils and all levels of nursing leadership, allowing organizations to achieve the goals for shared or professional governance. Three best practices for C-suite alignment include conducting rounds with staff at the unit level, asking questions to identify issues and gather staff input; creating direct ties to unit managers and staff; and encouraging employees to become problem solvers for patients, patient safety and quality patient care.

Resources

Bogue, R. J., & Joseph, M. L. (2019). C-suite strategies for nurse empowerment and executive accountability. *Journal of Nursing Administration, 49*(5), 266-272. https://doi.org/10.1097/NNA.0000000000000749

Donnellan, J.J. Jr. (2013). A moral compass for management decision making: a healthcare CEO's reflections. *Frontiers of Health Services Management, 30*(1), 14-26. PMID: 24147377.

Giordano-Mulligan, M., & Eckardt, S. (2019). Authentic nurse leadership conceptual framework: Nurses' perception of authentic nurse leader attributes. *Nursing Administration Quarterly, 43*(2), 164-174. https://doi.org/10.1097/NAQ.0000000000000344

Giordano-Mulligan, M. (2017). Developing and Validating an Instrument to Measure Perceived Authentic Nurse Leadership (Dissertation), Garden City, NY: Adelphi University; ProQuest 10610420

Storytelling is a valuable, multifaceted strategy for nurse leaders to creatively engage with their teams and maintain a human and caring connection. It has the ability to bring meaning and insight into practice and patient care, professional commitment and growth.

Huber, D.L., & M.L. Joseph, M. L. (Eds.) (2021), *Leadership and nursing care management* (7th ed.). Elsevier.

Hwang, J., Song, E. K., & Ko, S. (2022). Relationships among basic psychological needs, organizational commitment, perceived authentic nurse leadership and turnover intention in Korean nurses: A cross-sectional study. *Journal of Nursing Management, 30*(7), 1-9. https://doi.org/10.1111/jonm.13546

Joseph, M. L., Rhodes, A., & Watson, C. (2016). Preparing nurse leaders to Innovate: Iowa's innovations seminar. *Journal of Nursing Education, 55*(2), 113-117. https://doi.org/10.3928/01484834-20160114-11

Joseph, M. L., & Bogue, R. (2018). C-suite roles and competencies to support a culture of shared governance and empowerment. *Journal of Nursing Administration, 48*(7-8), 395-399.

Raso, R., Fitzpatrick, J. J., Masick, K., Giordano-Mulligan, M., & Sweeney, C. D. (2021). Perceptions of authentic nurse leadership and work environment and the pandemic impact for nurse leaders and clinical nurses. *Journal of Nursing Administration, 51*(5), 257-263. https://doi.org/10.1097/NNA.00000000000010

Raso, R., Fitzpatrick, J. J. & Masick, K. (2020). Clinical Nurses' Perceptions of Authentic Nurse Leadership and Healthy Work Environment. *Journal of Nursing Administration, 51*(5), 489-494. https://doi.org/10.1097/NNA.0000000000000921

Design Thinking

Design thinking is defined as a set of cognitive, strategic and practical procedures or tools used for problem-solving, thinking outside the box or innovating. It is a comprehensive approach that can help individuals, teams or forums to systematically extract, teach, learn and apply human-centered techniques (Lipmanowicz & McCandless, 2021). The process may include developing self-awareness, recognizing oppression, embracing complexity, engaging in questioning to challenge assumptions; developing new ways of thinking, being intentional about improving products, processes, or services; and helping to test services, products or processes to uncover new ways to meet health care delivery and workforce needs (Huber et al., 2019; Lipmanowicz & McCandless, 2021). A popular method is called liberatory design, and it calls for teams to notice, reflect, see the system, empathize, define, inquire, imagine, prototype and try.

Facilitators for design thinking include the availability of existing literature to ease the transition, participant enthusiasm, a detailed understanding of barriers and streamlining goals. While barriers included limitations in existing literature, ample time to implementation, social pressure influence and poor concept definition (Rahemi et al., 2018). Design thinking requires organizational commitment, risk-taking, crossing borders, collaborating and unleashing the power within (Marshall, 2019; Joseph et al, 2016; Crenshaw & Yoder-Wise, 2013).

Goal: Nursing leadership utilizes design thinking processes to problem solve, utilize evidence and reimagine the work of patient care and the workforce.

1. Use problem-solving and design thinking tools to reimagine patient care and workforce issues.
2. Create forums for nurse leaders to promote ideas, present to executive leadership and allow time and resources to implement.
3. Use the IHI's four steps to improve joy in the workplace.
4. Use the University of Iowa's implementation framework for the sustainability of evidence and knowledge.
5. Ensure the team has access to journals and/or a library.
6. Hire personnel with research competencies.

To ensure the sustainability of a new process, innovation or EBP, by using Iowa's Implementation Framework

- Phase I: Create awareness and interest
- Phase II: Build knowledge and commitment
- Phase III: Promote Action and Adoption
- Phase IV: Pursue integration and sustained use

(Cullen et al., 2022)

Tools to Monitor Behaviors/Measures/Surveys

1. **The SCAMPER Technique:** Substitute, Combine, Adapt, Modify/Magnify, Purpose, Eliminate/Minimize and Rearrange/Reverse is an individual or team brainstorming technique to innovate.
2. **Liberating Design - Mindsets and Modes to Design for Equity, Stanford University:** This design thinking approach uses methods from across the field to create learning experiences that help people unlock their creative potential and apply it to the world. This allows a liberatory process and practice to generate self-awareness to liberate designers from habits that perpetuate inequities. It can shift the relationship between the people who hold power to design and those impacted by designs, and foster learning and agency for those involved in and influenced by design work, creating conditions for collective liberation. It uses a design deck to invoke stances and values to ground and focus one's design practice and uses modes to provide process guidance for one's design practice.
3. **Appreciative Inquiry - Center for Appreciative Inquiry:** The Appreciative Inquiry Model is one of the key positive organizational approaches to development, collective learning and organizational engagement. It focuses on what's working, rather than what's not working, and leads to people co-designing their future. The method utilizes questions and dialogue to help participants uncover existing strengths, advantages or opportunities in their communities, organizations or teams.
4. **OVID Synthesis Clinical Evidence Manger** - A workflow management solution that organizes, standardizes, and accelerates quality improvement, evidence-based practice and research projects across one's institution.
5. **Iowa's Implementation for Sustainability Framework** - The four phases in the Iowa Implementation for Sustainability Framework represent the nonlinear nature of implementation within complex health systems in which clinicians work and patients receive health care. The framework phases and strategies provide guidance on when to use strategies and suggest how to bundle them by crossing domains to address the cognitive, motivational, psychomotor, social and organizational influences.
   Contact UIHCNursingResearchandEBP@uiowa.edu or 319-384-9098.

Exemplars and Best Practices

SSM HEALTH CARDINAL GLENNON CHILDREN'S HOSPITAL (ST. LOUIS)

Establishing a culture of inquiry requires leadership buy-in with a chief nurse vested in a robust evidence-based practice and research program. A knowledgeable and committed group of individuals, proficient at ascertaining and instituting structures, systems and processes, is needed to establish an EBP and research program. Most importantly, it takes a workforce of nurses who are empowered to question their practice and seek solutions to improve the health and well-being of patients. Expected outcomes for staff development and culture of inquiry included creating an EBP and Research Council within the nursing shared governance structure, organizing EBP Cohort Workshops twice a year with protected time for nurses to participate (40 hours), hiring a nurse scientist to lead EBP and research activities. This resulted in more than 120 completed projects by nurses emboldened to disseminate via poster and podium presentations and journal publications and enhanced practice changes with evidence-based support.

WEST VIRGINIA UNIVERSITY MEDICINE (MORGANTOWN)

The organization needed a solution to organize, standardize and accelerate quality improvement, evidence-based practice and research projects. Leaders established an online platform to offer a single, cohesive view of projects. The online platform creates transparency and reduces duplication across teams while also fostering collaboration within projects by streamlining the literature search, appraisal process, implementation and dissemination. The nurse residents used this tool to complete an EBP project. The platform allows for easy access for individual or team work on brainstorming topics, formulating a PICO(T) question, completing a literature search, critiquing articles, and assembling an evidence table and presentations. Most nurse residents choose to complete their projects on a topic of a quality improvement from their unit-based Culture of Unit Safety Program. These projects improve quality and safety. Since introducing the tool, 85% of the nurse residents have successfully completed their projects. Projects have included a proning protocol for patients with ARDS, staffing numbers in correlation to patient falls, improving on-time surgery starts, therapy effects on weight loss surgery, COVID-19 vaccinations in adolescents and opioid use disorder. According to nurse residents this process makes it much easier to collaborate on projects, reduces duplication of projects, promotes change management and can standardize practices with an organization and across multiple sites.

UNIVERSITY OF KENTUCKY HEALTHCARE (LEXINGTON)

To address institutional barriers to inquiry, we developed, piloted, and expanded an innovative approach to addressing both institution and nurse-related barriers to clinical inquiry. The model incorporates both academic-clinical and research-practice expert dyads by partnering joint-appointed nursing faculty from a local college of nursing with a clinical nurse specialist at UK HealthCare. The dyads are positioned on dedicated service lines; thus, our model approaches clinical inquiry from a decentralized lens. This approach allows for a higher degree of purposeful interface between the experts and clinical staff, a higher degree of familiarity with patient populations and dedicated time and space to engage with staff about clinical questions impacting their practice and assist in the development of projects, implementation and evaluation of practice changes and dissemination. Our unique model, first piloted in 2018, has grown to incorporate service-specific dyads (trauma-surgery, pulmonary-medicine, ambulatory care, oncology, pediatrics, psychiatric-mental health and emergency services) leading to 36 IRB approved or exempt clinical inquiry projects, 129 presentations at regional, national or international conferences and 29 publications, all lead by or incorporating clinical nursing staff. Each dyad maintains records of projects on their service line and reports the progress to the Department of Nursing Professional Practice and Development and the Enterprise Nursing Research Council.

GEMS SHARED GOVERNANCE

This article highlights nine competencies to define nursing practice council effectiveness and provides a framework to enable alignment between councils and organizational leaders to advance goals at the individual, unit, department and organization level. These include: skillfulness, as a team or council; usefulness, in its focus on professional practice; effectiveness, in its practices for measuring progress; support from management, in its shared governance efforts; empowerment of nursing and nurses; improvement of patient safety, by ensuring success in organization-wide efforts. The framework also can improve patient care, by proactively identifying ways to improve patient care processes; provide leadership, on professional nursing practice for the nursing department; and enhance professional nursing practice, attracting communication and respect from other disciplines. This model provides opportunities for council reflections and opportunities for improvement. https://pubmed.ncbi.nlm.nih.gov/27005400/

GEISINGER HEALTH SYSTEM (DANVILLE, PA.)

This project enables timely review of nursing documentation compliance. It simultaneously created cost savings, and nurse leaders, nurse and staff satisfaction. As an example of time savings estimated thus far, the total transactions of suicide chart audit automation were 43,126 from 12/2021 through 7/2022, with realized benefits saved of $634,168 and 10,780 hours (about 1 year, 3 months). Fifteen more automations are scheduled to go live as part of this work, and significant cost and time savings estimated, as well as simultaneous staff satisfaction. Nursing and supportive staff input documentation into the electronic health record, with the required data for nursing regulations flowing into discrete fields within the flowsheets (e.g., suicide precautions, non-violent and violent restraints). To save nurse leaders, team leaders and other nursing personnel time from the manual activity of reviewing nursing documentation, Geisinger Health System began chart audit automation (bot) in April 2022.

Resources

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Considerations for Nurse Leaders

1. Multiple inputs are necessary to foster a Culture of Inquiry, beginning with trust and transparency to develop collaborative relationships.
2. A natural extension of trust is the ability to be curious or ask questions related to current operations, seeking a better solution.
3. This curiosity can be facilitated through current structures such as professional governance and shared decision-making.
4. The administrative burden nurse leaders face can be daunting. Organizations should simplify the work rather than adding complexity through additional steps or asking leaders to do more of the same without streamlining the workload.
5. Nurse leaders deserve the time and space to connect with and empower their teams, to think creatively to garner their perspectives to design and test the best practices in leadership and care delivery.

Use Kanter's structural empowerment framework for leaders to thrive (1993). Ensure access to information, resources, support, and the opportunity to learn and develop.

Creating a Culture of Inquiry

Transforming the workforce and the practice environment requires strong nursing leadership at every level. Promoting a culture of inquiry presents the challenge of a culture change. A culture change for nursing leadership to thrive is an enduring journey that requires leading with transparency, psychological safety, continuous learning, curiosity and innovation. Leaders should use and build on existing structures for shared/professional governance and advancing care while providing space for design thinking as a methodology to generate ideas, challenge the status quo, reimagine nursing care delivery, allow risk-taking and elevate the discipline. A culture change requires frequent assessments and measurements to keep the momentum going forward to sustain change. This section includes tools and references to promote this transformation. Continued best practice development and research are needed to build a body of evidence on creating cultures of inquiry.

Sustainability

The Agency for Healthcare Research and Quality (AHRQ) defines sustainability as "when processes or improved outcomes last within an organization after implementation has occurred" (AHRQ, 2017). Sustaining a culture of inquiry and its associated hallmarks (i.e., effective communication, belonging, questioning, psychological safety, use of evidence, learning, design thinking, and innovation) requires ongoing assessment, measurement and transparent reporting of results. Strategic plans should be formulated to include organized actions, especially when results drift from pre-established parameters. Leaders should ensure specific tactics for sustainability are set when initiating a culture change project. (AHRQ, 2017). By being inquisitive, leaders can sustain a thriving and flourishing culture of inquiry (Gino, 2018). Iowa's four-phase implementation framework has proven effective to guide implementation of evidence-based practice (Cullen et al., 2022). Additionally, AHRQ (2017) recommends using storytelling to bring the culture change alive and assist in sustainability. Particular attention should be given to onboarding new team members to present cultural expectations that enhance the benefits and promote participation in a culture of inquiry.

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Appendix A

Self-Assessment for Reflective Leadership Practice

A Values-based Decision-making Tool

What is values-based decision making?
It is making decisions grounded in core values. We will reflect on values of integrity, diversity and inclusion, growth mindset, values of leadership and the outcomes they facilitate or drive.

Please select **3 days** within the next two weeks **to reflect on your use** of values-based decision-making
Legend: A=Agree, DA=Disagree, and N/A=Not Applicable

	Day 1			Day 2			Day 3		
	A	DA	N/A	A	DA	N/A	A	DA	N/A
Our values of integrity									
Today, I made a decision aligned with our core commitments to respect, dignity, safety, equity, fairness and inclusivity.									
Today, I recognized that my decision created tension between/among any of our core values. I have a plan to communicate that. I have a plan to resolve it.									
Today, I provided clarity about how this decision aligns with our values and mission.									
Our value of diversity and inclusion.									
Today, I recognized that my decision impacts members of our community differently (think of community broadly). I have a plan to address that.									
Today, I assured that all those who will be impacted by the decision participated in shaping the decision.									
Today, I heard and valued diverse views to shape our team's decision-making process.									
Today, I communicated the outcomes of this decision to all who have shaped it.									
Our value of lifelong learning.									
Today, I modeled a growth mindset.									
Today, I was thorough in taking into account learnings from both success and setbacks.									
Today, I rewarded others for learning from setbacks equally to rewarding success.									
We champion development plans for leaders at every level in the organization. Are they transparent?									
Our value of the entire leadership team.									
Today, decisions were made to cultivate the members of our team.									
Today, my/our patterns of thought and behavior conveyed to our staff that they were seen, heard and valued.									
Today, my/our patterns of thought and behavior conveyed to our staff that they were seen, heard and valued.									

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Appendix B

Leadership’s Reflective Use of Motivating Language

A Motivational Language Tool

What is Motivational Language?

Motivational language which is a communication approach to connect with followers. It consists of three facets of communication: direction-giving, empathetic and meaning-making language (Mayfield & Mayfield, 2020).

Please select **1 day** within the next three weeks **to reflect on your use** of motivational language.

Legend: A=Agree, DA=Disagree, and N/A=Not Applicable

	Week 1			Week 2			Week 3		
	A	DA	N/A	A	DA	N/A	A	DA	N/A
Direction Giving Language									
This week, I gave my team new ideas related to their work.									
This week, I clearly defined my overall job responsibilities to my team or a leader									
This week, I explained specific job tasks in an understandable to way my team or a leader.									
This week, 1 clearly communicated work goal expectations to my team or a leader									
This week, I clarified complex goals to my team or a leader									
Empathetic Language									
This week, I expressed understanding when I saw a leader was discouraged at work.									
This week, I congratulated a leader for work achievements.									
This week, I praised the team for accomplishing steps towards a work goal.									
This week, I spoke positively about a leader’s efforts regardless of the outcome.									
This week, I told a leader that I understood their work setback.									
Meaning-Making Language									
This week, I shared an inspiring story to help a leader better contribute to the work.									
This week, I discussed with the team or a leader how they are supporting their personal values through their job performance.									
This week, I told the team or a leader how their contributions help achieve organizational goals.									
This week, I told the team how new job innovations contributed to organizational values.									
This week, I told the team or a leader, how new work ideas contribute to organizational goals.									

CHAPTER 7

Total Rewards

Nurse managers are crucial to an organization's success. Total rewards should be a critical part of any organization's strategies to attract and retain nurse leaders, particularly nurse managers. Nurse managers sit at the juncture of strategy, mission, finance, patient experience, quality, clinical and human resource outcomes; they typically have the largest scopes of work, compared to other health care managers. In general, they are leading the largest and most influential percentage of the health care workforce, without the appropriate total rewards packages offered to managers in other industries. Compensation plans often focus on traditional financial salary plus many maybe eligible for bonus/incentive plans. However, the non-salary part of a total compensation plan can be equally or more attractive, enhancing the total rewards package. Four parts to an effective and comprehensive Total rewards compensation programs include financial compensation, meaningful recognition, development/career advancement opportunities and wellness/self-care opportunities.

Many times, nurse managers' total compensation is less than the clinical nurses they supervise, due to bonus programs, extra-shift bonuses, over-time pay, and weekend, night or holiday pay differentials. This inequity creates dissatisfaction among nurse managers especially since they bear 24/7 accountability. Due to staffing shortages, nurse managers often have to work at the bedside and are rarely compensated for the additional hours worked because their position is exempt.

Numerous articles on how to attract and retain nurse managers have been published, but very few mention how to structure total rewards in a significant and meaningful way. Most strategies focus on role, scope, span, empowerment, recognition and professional development. While all important, these strategies have limited impact if they do not address the underlying market competitive compensation and rewards. In reviewing the literature, the subcommittee found a significant gap in measuring the financial impact of nurse manager turnover. Only anecdotal accounts could be found on the average cost of nurse manager turnover and the impact of turnover on clinical and organizational outcomes.

Key Findings From AONL Research

According to a recent AONL survey conducted with Deloitte, nurse leaders' most appreciated benefits include health insurance, incentive bonuses, retirement plans with matching funds and paid time off. Nurse leaders identified retention bonuses, performance incentives, increased retirement matches and increased PTO accrual as benefits that would most likely prevent them from leaving in the next three months (Deloitte, 2022). A 2022 survey conducted by the American College of Healthcare Executives, found almost 16% of health care administrators would not recommend health care leadership as a good field for young people. The higher burnout scores were associated with two primary factors: poor sleep and low self-valuation.

Figure 1: Preferred benefits among nurse leaders

THE ROLE: COMPENSATION & BENEFITS

Among monetary rewards, Nurse Leaders expressed the greatest interest in annual bonuses, followed by compensation for working outside of their scheduled hours

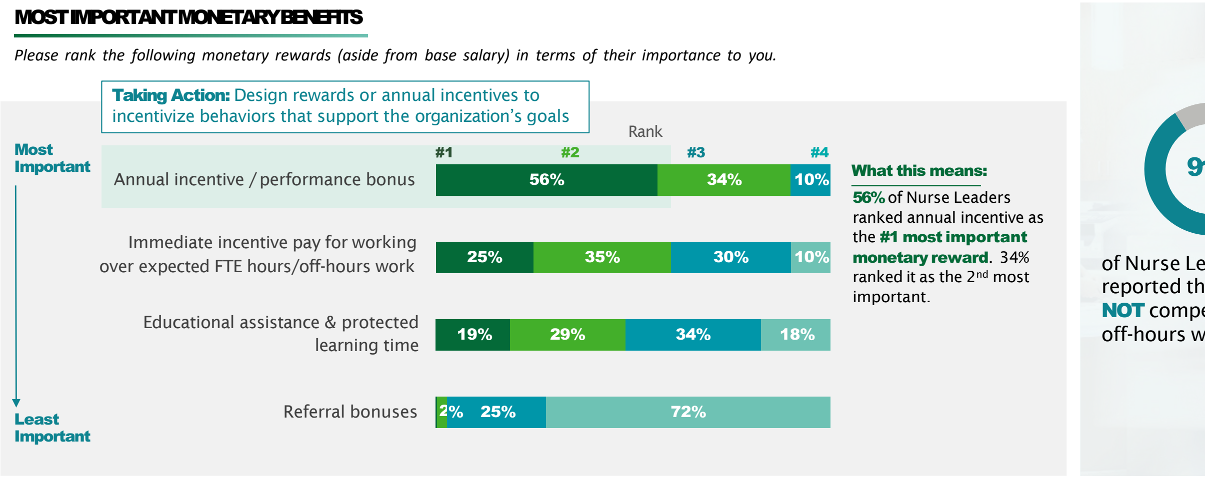

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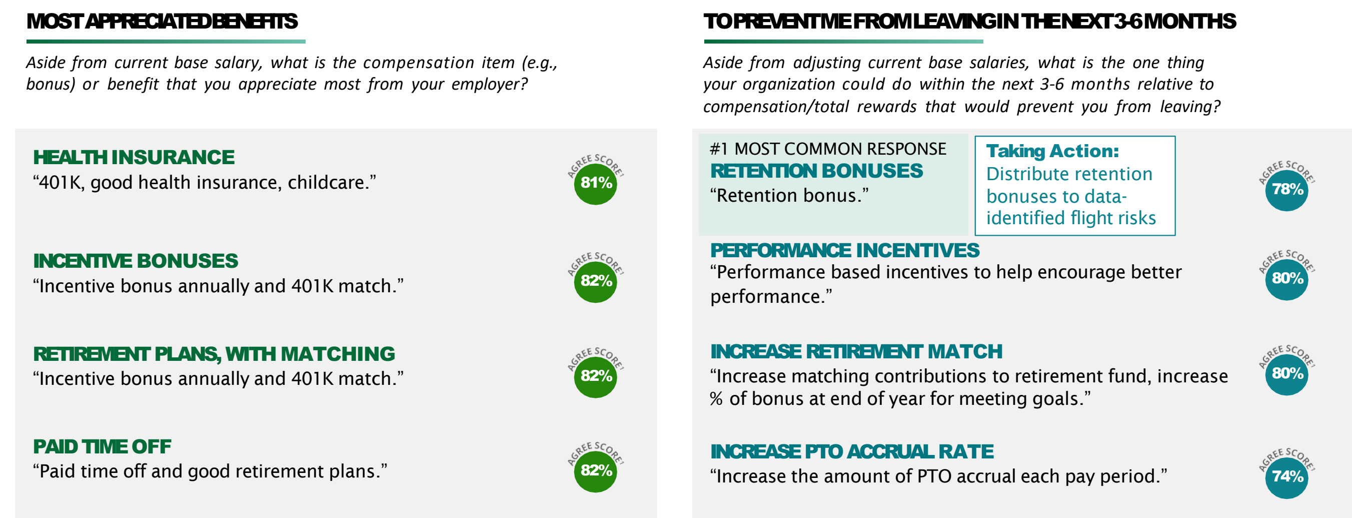
Figure 2: Most appreciated benefits among nurse leaders



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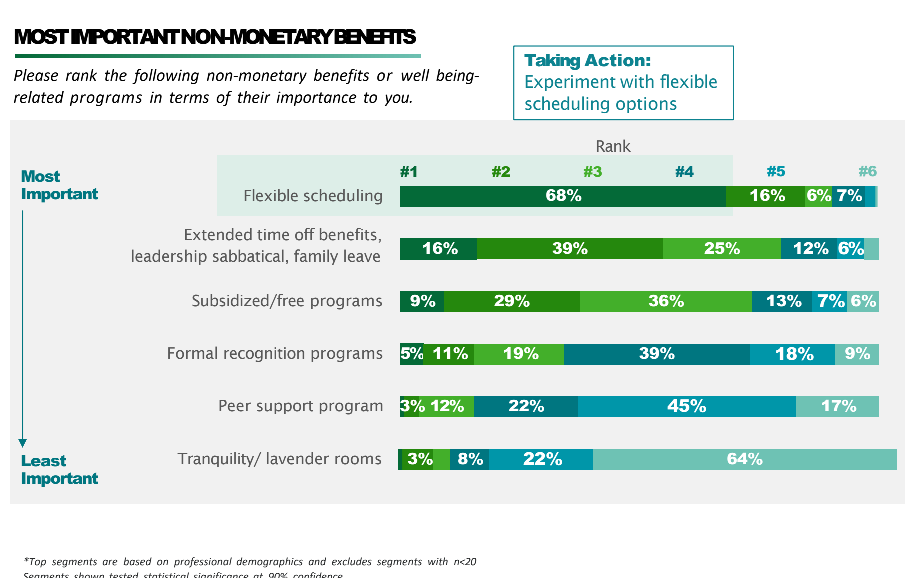
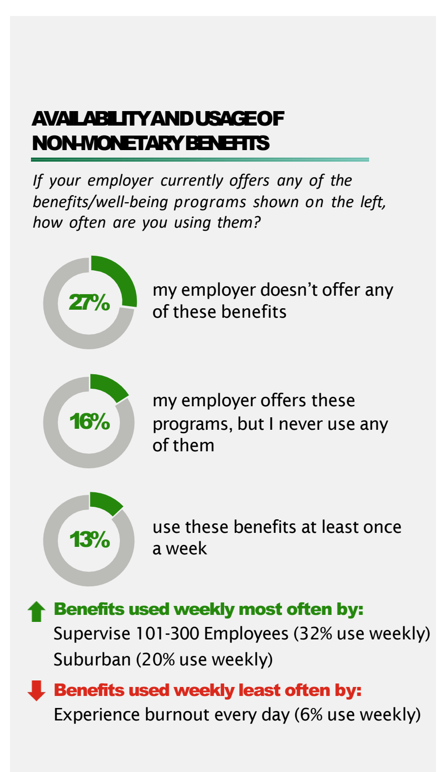
[1] Agree score is a modeled estimate of the share of participants that would agree with a particular response. These are calculated using collaborative filtering from participant voting after submitting their own response. Each % agree score is representative of sample in one of the two sessions conducted and is used for inferential / comparative purposes.

Figure 3: Most important benefits for nurse leaders





*Top segments are based on professional demographics and excludes segments with n<20
Segments shown tested statistical significance at 90% confidence

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A total compensation package could include development and career advancement. Including tuition reimbursement, allocated days off for school, mini sabbaticals to pursue further learning, and organizational support for employees to publish research or to attend and speak at conferences in a formalized compensation package demonstrates to nurse managers their organizations are invested in their career progressions. Additionally, mini residencies in which nurse managers are mentored by rotating non-clinical members of the organization, as well as clinical and also external mentors, are an effective tool to aid in retention.

Mental and physical health are equally important components of overall health. As such, total rewards packages should include wellness and self-care benefits. The opportunity for "mental health days" and defined "working at home days" can significantly support nurse managers.

By focusing on the total rewards (financial and non-financial opportunities), nurse managers can effectively build a roadmap for their careers with the support of their organization.

Key terms

- *Total Rewards* – the combination of benefits, compensation and rewards that an employee could receive from their organization.
- *Compensation* – the money received by an employee from an employer as a salary or wages.
- *Equity* – shares in a company and their value (i.e., for-profit hospitals).
- *Bonus* – an amount of money added to wages on a one-time or ongoing basis for positive performance.
- *Salary* – fixed amount of compensation which is paid for employee performance.
- *Wages* – an hourly or daily-based payment for the amount of work completed or hours worked.
- *Benefits* – time off, health/life/disability insurance. In some instances, may be a payment or gift made by an employer.

Key Takeaways

1. Market analysis for pay should be completed every 6 months to 1 year depending on the market dynamics.
2. Conduct a total rewards optimization survey with nurse leaders.
3. Employers should produce total reward statements to educate and highlight the total value of compensation.
4. Nurse leaders' eligibility for incentive-based bonus plans should be considered.
5. Provide hybrid work schedules and roles for nurse managers to create opportunities to work from home.
6. Provide personalized benefit packages (e.g., child and elder care benefits).
7. Provide administrative support models for nurse managers to remove burdensome administrative tasks.
8. Undertake a study to research the cost of nurse manager turnover on average and the impact to the turnover of clinical staff.
9. Increase paid time off for leaders.
10. Provide an interim leader coverage plan to allow for extended time off.

Exemplars

REMOTE WORK FOR NURSE LEADERS (TEXAS)

During 2020, Texas Health Euless-Bedford proposed a biweekly option for nurse managers to work remotely as a means to support front-line leaders to adapt to new professional and personal demands placed on them as a result of the pandemic. In addition, each month, leaders are encouraged to carve out half a day to reflect on their professional goals, review health care and business journals, or schedule self-care, whatever that might look like for each leader. On the days nurse managers work remotely, they spend their time reviewing and closing out event reporting documents, completing the written portion of an employee's quarterly performance management journal, responding to emails and other tasks that are frequently interrupted throughout the course of the managers workday, yet important to complete in a timely manner. Expectations are communicated to managers that they are to be available to come to the hospital if needed, and they must schedule their remote working days in advance with their supervisor, so that the manager can be supported while off site. Leadership presence and support for the unit staff is managed by the nursing director, or a nurse manager peer who are on site, who are intentional with team rounding and troubleshooting issues to avoid misperceptions of the program. While we started this practice as a result of the COVID-19 pandemic and the health care field's quick embrace of virtual meetings, our organization's leaders voiced support of continuing this practice as our work routines returned to pre-pandemic norms. Contact Julie Balluck at Julieballuck@texahealth.org.

NURSE LEADER RECOGNITION PROGRAM

Formal programs for meaningful recognition associated with international organizations and standards are especially meaningful. The DAISY Award s is a gold standard for recognizing extraordinary nurse managers. It is driven by patient and family, peer and colleague nomination, making it especially meaningful, increasingly so when combined with internal recognition ceremonies hosted by an organization's leaders. The AONL Foundation's "Beyond Gratitude" program has proven effective in increasing the number of the DAISY awards and contributed to nurse managers' well-being.

Other local formal meaningful recognition programs – such as mentor of the month, system-wide recognition programs for certifications, achievement of goals or contributions to the community – go a long way in inspiring and motivating nurse managers. Differentiated practice programs that define levels of competencies for nurse managers with associated recognition and compensation programs provide an aspirational roadmap for advancement. Additionally, recognizing successful mock surveys for Magnet®, Joint Commission and others are helpful.

Informal programs that increase the visibility of nurse managers are also very effective. For example, rotating attendance and presentation to the board, medical staff and other forums are important for career progression. In addition, a culture of gratitude and appreciation can ease the burden of the nurse manager role, especially when it comes from respected leaders who sincerely recognize the value of what the nurse managers do. Contact Karlene Kerfoot at KKerfoot@symplr.com.

MARKET ANALYSIS BEST PRACTICES

Pay is an important part of an employee's total rewards package. Given the quickly changing economic environment, it is important to ensure staff nurses and leader salaries adjust alongside three factors: the relevant labor market, the organization's strategy, and an individual's specific pay within the range. To maximize effectiveness, nurse leaders should have a good understanding of how their organization uses these adjustments as part of total compensation.

Prior to the pandemic it was common to have annual market reviews of position salaries, including leadership roles. The review uses data to determine where these positions are aligned to the relevant market rates (i.e., leading, lagging, or at market). The review process does not necessarily produce a national average, but gives comparable data for similar organizations based on multiple factors (e.g., size and geography). The review process combined with an organization's strategy to lead or lag, informs decisions around the pay structure and where to make competitive adjustments.

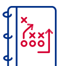
Given the speed of market, organizations realized the competitive labor market requires a reviews more frequently than once a year. Organizations can address rapid changes through reviews using and monitoring workforce triggers such as vacancy rates, turnover, time to fill and perceptions of pay. When certain thresholds are hit, exit information may trigger a compensation review. Nurse leaders can be good partners by communicating with human resources when they start to see a pattern of workforce changes, specifically around reasons for voluntary departure.

The biggest daily influence nursing leaders can have at the individual level is knowing the pay range, where an individual sits within a pay range and ensuring they are paying attention to top talent who should be rewarded for their contributions to the organization. To do this, nurse leaders need to work with human resources to understand how best to make annual, mid-year or retention adjustments in line with the organization's direction. Each organization is different in the leadership discretion and processes used. Establishing a strong partnership with human resources is important to ensure you understand all factors for attraction and retention of top talent. Contact Daniel Gandarilla at Daniel.Gandarilla@atriumhealth.org.

BONUS/INCENTIVE MODELS

Organizations should assess equity of base pay for nurse managers with its other positions, -especially with non-nursing jobs. These can include equitable compensation for size of budget, FTE count, level of responsibility for overall success of the organization, complexity of the position (e.g. turnover/ complexity of patients, number of physicians and other professionals/departments, internal and external factors, interaction with students, etc.), 24/7 responsibility, seniority, geographic market and other factors.

The amount of bonus/incentive pay allocated to achieving organizational outcomes and improvement in outcomes should be commensurate with the position's span of control. These outcomes can include turnover of staff, engagement of staff, engagement of patients and family and achievement of nurse-sensitive clinical indicators. Value-based performance bonus plans can be structured to have individual achievements and organizational goals, the percentages of these plans is at the discretion of the organization's leadership. Retention incentives, such as deferred payments for incentives/bonuses can be considered. Contact Karlene Kerfoot at KKerfoot@symplr.com.

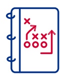


A COMMUNITY OF PRACTICE

Nurse managers need to have a peer support model. Barbara Mackoff's work on Nurse Manager Engagement with AONL and hospital health systems has resulted in communities of practice being developed at a national, local and hospital level. One hospital developed a community of practice to improve nurse manager retention and engagement. The hospital's employee engagement score achieved a 98 percentile. Surveys measuring nurse engagement and job satisfaction also got a big boost. In fact, that number jumped from 55% to 98% over four years. Contact Cole Edmonson at Cole.edmonson@amnhealthcare.com.

ORGANIZATIONWIDE PROTECTED ROUNDING (PATIENT/TEAM) TIME SUPPORT MECHANISM FOR NURSE MANAGERS (TEXAS)

Rounding with patients and staff is a well-known evidence-based tactic for improving the care experience of consumers, as well as validating a positive practice environment for clinicians. Texas Health Hurst-Euless-Bedford identified carving out time away from meetings, administrative tasks such a completing payroll or follow up from event reporting systems, and putting out fires as top challenges for nurse leaders. In response to feedback from front-line nurse leaders, the executive team supported protected time each day from 9 a.m. to 10 a.m., known as the "sacred 60" throughout the organization. During this time, no meetings or other activities may be scheduled, and leaders are encouraged to hold each other accountable to respecting this time by not scheduling any non-rounding activities. In late 2021, the organization launched Lean Daily Management, or Gemba rounds at the director level and above. These occur between 9 a.m. and 9:30 a.m., so all leaders within the organization round on their assigned departments. Since protected rounding time was already enculturated at the organization, it was easy to implement the Gemba rounds to support the process improvement efforts on every unit within the hospital. Outcomes such as patient net promoter scores and nurse satisfaction steadily improved since implementing protected rounding time. In addition this initiative supports nurse manager efforts by providing them with protected time to round with consumers and clinicians. Contact Julie Balluck at JulieBalluck@texashealth.org.

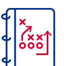


INTERIM-LEADERSHIP COVERAGE MODEL

Nurse leaders often struggle to fully disconnect during vacation and time off. Several organizations have implemented interim coverage leadership models. Models can vary but two models are commonly used:

- External Interims: Coverage for vacation, PTO or extended time off is covered for the leader by engaging a firm that supplies interim leaders. Organizations engage singular or multiple interim leaders to cover one or many leaders' time off. For example, one organization engaged a singular interim leader with a broad background in nursing and leadership to continually cover for the leader vacations, time off and sabbaticals throughout the year.
- Internal interims: Coverage for vacation, PTO and extended time off can be accomplished by hiring a "float" leader capable of covering areas that can rotate through the organization to cover services on a scheduled basis.

Generally, the coverage is coordinated by the executive nurse or the nurse leader council in an organization. Contact Cole Edmonson at Cole.edmonson@amnhealthcare.com.

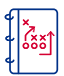


TALENT REVIEW MODEL (OHIO)

For the past 10 years, OhioHealth has built and refined a robust Talent Review process to identify high performing and high potential leaders across the organization who are ready to take on new assignments, responsibilities or roles. Initially piloted in the nursing division before rolling out across the organization, the process has been a critical tool in identifying and promoting nursing talent across the system. The Talent Review process uses input from individual leaders about their experience as well as their current aspirations for personal growth and career development. Using this data, the nursing leadership team from across the system comes together in a collaborative talent review to discuss the future potential for all clinical nurse managers, administrative nurse managers and nursing directors from across the system. A performance by potential matrix, standard definitions of potential and ground rules are used to drive consistency in all discussions. These conversations help create visibility for system-wide talent, generating alignment between career opportunities and personal aspirations. The process also validates high-potential leaders and surfaces potential development action items for individuals. Coming out of the talent review, each nurse leader gets feedback on their strengths and development areas to help them continue to grow. This process has supported the internal movement and promotion of much of the nursing talent, from administrative nurse manager through chief nursing officer roles. Contact Alice Wheeler at Alice.Wheeler@ohiohealth.com.

ADMINISTRATIVE SUPPORT MODEL (OHIO)

Nursing and staff shortages in ancillary areas such as nutrition and respiratory care, and financial pressures leading to a reduction of support roles has increased the burden on nurse managers and front-line staff. Increased workloads lead to staff turnover, placing safety, quality and organizational culture at risk. Feedback from focused nurse manager listening sessions and data points, including patient satisfaction and associate engagement scores, demonstrated the need for a cross-functional position to support nurse manager administrative tasks. Ohio Health developed the unit service coordinator role to help with timekeeping, charge reconciliation, point-of-care scanning, clerical functions and focused service and safety rounds. Quick wins for nurse managers include more time to perform patient and associate rounding and reduced payroll errors. Contact Cynthia Latney at Cynthia.Latney@ohiohealth.com.



LEADER ELIGIBILITY FOR REFERRAL BONUS PROGRAMS (PENNSYLVANIA)

Sourcing nursing candidates is not the sole responsibility of talent acquisition. Nurses who practice at the organization are also highly valuable recruiters. They have their own professional and personal networks of colleagues who are potential hires. To incentivize and reward, Allegheny Health Network offers staff nurses a referral bonus for identifying and hiring experienced direct-care nurses into the organization. Initially limited to staff nurses, AHN a recently expanded the program to include directors, nurse managers, assistant nurse managers and clinical supervisors. AHN grants referral bonuses for experienced nurses, but not graduate nurses.

In September 2022, AHN began including the nurse leader cohort in the referral bonus, resulting in a net increase of 48 new nurses to the organization that otherwise may not have been hired. The cost of enacting the practice is negligible compared to the value. Further, including this nurse leader cohort has motivated them to search their networks, informally market the organization externally, and improved their morale due to the inclusion. Contact Claire Zangerle at Claire.Zangerle@AHN.org.

Resources

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Want to Retain Your Staff? Invest in your managers in these 3 ways. Advisory Board. https://www.advisory.com/daily-briefing/2022/12/05/manager-investment?utm_source=member_db&utm_medium=email&utm_campaign=2022dec05&utm_content=member_headline_final_x_x_x_x&elq_cid=3923956&

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AMN Healthcare

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